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ABSTRACT

The impact of Reality Therapy over time on the Maine Youth Center, and staff perceptions of Reality Therapy are discussed in this evaluative report. The distribution of staff members participating in the evaluation by job category, age range, length of employment, educational level, and sex is given. The administration to staff members of the Reality Therapy Activities Scale, the Reality Therapy Attitudes Scale, and open-ended questions about the use of Reality Therapy at the center at four time intervals between January 1980 and January 1982 is explained. The survey results are reported in six areas: attitudes toward Reality Therapy over time, utilization of Reality Therapy, current utilization and success, attitudes toward Reality Therapy by job classification, personal evaluation of Reality Therapy, and perceived impact of Reality Therapy on the Maine Youth Center. Positive and negative features of Reality Therapy as perceived by the staff are presented and the unexpected impact of Reality Therapy is discussed. Results are summarized and factors limiting the use of Reality Therapy at the youth center are discussed. Thirteen recommendations are listed concerning professional development in Reality Therapy techniques, inservice training, and assessment procedures. Twenty-seven data tables and an appendix providing sample statements made by the staff during the evaluation are included. (NRB)

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THE IMPACT OF REALITY THERAPY ON THE ATTITUDES AND PRACTICES OF THE STAFF OF THE MAINE YOUTH CENTER

SUMMATIVE EVALUATION REPORT

1984

Robert J. Drummond
Evaluator
University of Maine Teacher
Corps Project
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CG 018131

U.S. DEPARTMENT OF EDUCATION
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ABSTRACT

This report focuses on the impact of Reality Therapy on the staff of the Maine Youth Center. Reality Therapy was implemented as the primary treatment modality through the double T model. A time series design was utilized to assess the attitude as well as perceived use and success of Reality Therapy by the staff at the Maine Youth Center. The staff were assessed at four different time periods during the four years of the project. The differences over time are discussed as well as the differences among different job classifications. The results are summarized and recommendations given.

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This report focuses specifically on the impact over time of Reality Therapy on the Maine Youth Center. This is one of a series of reports dealing with aspects of the program supported by the University of Maine Teacher Corps Project. The Maine Youth Center was one of the sites participating in the youth advocacy project. The perceptions of Reali ty Therapy of the staff from January 1980 to January 1982 are presented in this report.

Reality Therapy (Glasser, 1965) was chosen as the primary mode of treatment for the youth at the Maine Youth Center. The staff were trained in Reality Therapy and selected staff received extra training to become trainers. A number of the staff received formal training and certification by the Institute for Reality Therapy.

In this report the procedures will be explained first; the samples and instrumentation will be discussed. The results will then be presented and the measurements over time compared. The results are summarized and certain limiting factors discussed. The final section contains recommendations.

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SAMPLE

The distribution of the sample by job category for those completing each of the four surveys is included in Table 1. The largest participation was found to be on the January 1982 assessment. Expanded categories were utilized to classify personnel on this assessment. There were 138 staff who participated during January 1982. The largest group was the Cottage group with 42 or 30.4 percent. The second highest group were teachers with 19 or 13.8 percent. The custodial/maintenance group was represented by 18 participants or 13.0 percent.

The age range of respondents is presented in Table 2. The mean age across all four surveys falls between 41.22 and 41.82. The median age ranges from 41.2 to 43.08.

The length of employment at the Maine Youth Center of the four samples is also given in Table 2. The mean hovers around 8 years, where as the mode ranges from 2 to 4 years, and the median from 6.25 years to 9.0 years.

The educational level of MYC staff responding to the surveys is reported in Table 3. In the last survey, slightly over a quarter were high school graduates. About 13 percent had less than a high school education while 10.5 percent were graduates of vocational and technical programs and 15.8 percent junior college graduates. Thirty-five percent held a 4 year college degree. Seventeen percent of the total sample had completed a graduate or professional degree.

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The sex distribution of the four samples is listed in Table 4. In three of the four occasions about 80 percent of the group were males and 20 percent females.

TABLE 1

DISTRIBUTION OF STAFF RESPONDING TO SURVEYS BY POSITION

TYPE OF POSITION	WINTER 1980 N	%	SUMMER 1980 N	%	SPRING 1981 N	%	WINTER 1982 N	%
COTTAGE	28	26.4	18	31.0	39	54.2	42	30.4
ADMINISTRATIVE	10	9.4	8	13.8	8	11.1	4	2.8
CUSTODIAL	4	3.8	1	1.7	0	0.0	18	13.0
TEACHING	14	13.2	5	8.6	5	6.9	19	13.8
TREATMENT	5	4.7	11	19.0	3	4.2		
OTHER	15	14.2	8	13.8	17	23.6		
MISSING	30	28.3	7	12.0	0	0.0		
SPARE							13	9.4
NIGHT							12	8.6
POPS							11	7.4
REC							7	5.1
AFTERCARE							4	2.9
IUC							3	2.2
CONTROL							5	3.6
TOTAL	106		58		72		138	

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TABLE 2

AGE AND NUMBER OF YEARS OF EMPLOYMENT AT THE MYC

STAFF RESPONDING TO SURVEYS

	MEAN	MODE	MEDIAN	S.D.
AGE				
WINTER 1980	41.49	43	43.08	11.13
SUMMER 1980	41.63	49	43.00	11.38
SPRING 1981	41.22	50	41.25	10.77
WINTER 1982	41.82	35	42.75	12.20
YEARS EMPLOYED AT MYC				
WINTER 1980	8.07	2	8.60	6.28
SUMMER 1980	8.98	4	9.00	7.04
SPRING 1981	7.82	3	6.92	5.08
WINTER 1982	7.64	3	6.25	6.00

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TABLE 3

EDUCATIONAL LEVEL OF MYC STAFF RESPONDING TO SURVEYS

YEARS OF SCHOOL COMPLETED	WINTER 1980		SUMMER 1980		WINTER 1982	
Less than grade 12	7	6.6	2	3.4	17	12.8
H.S. G.E.D.	27	25.5	14	24.1	34	25.6
Voc/Tech	7	6.6	10	17.2	14	10.5
Junior College	3	2.8	2	3.4	21	15.8
4 Year College	20	18.9	15	25.8	24	18.0
Graduate or Professional	13	12.3	12	20.7	23	17.3
Missing	29	27.4	3	5.2		
	106		58		133	
	65 M		44		57	
	11 F		12		15	

SPRING 1981 NOT APPLICABLE

TABLE 4

SEX DISTRIBUTION

	WINTER 1980		SUMMER 1980		SPRING 1981		WINTER 1982	
MALE	65	86%	44	79%	57	79%	102	80%
FEMALE	11	14%	12	21%	15	21%	26	20%

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INSTRUMENTATION

The groups on all four occasions completed the Reality Therapy Activities Scale and the Reality Therapy Attitude Scale. They also completed three open ended questions asking them to list the components of Reality Therapy that have worked well for them, that they have had problems implementing, and the uses they have made of the principles outside of the context of the Maine Youth Center. They were also asked to list what impact Reality Therapy has had on the Maine Youth Center. They were asked to focus on Positive (General) aspects, Positive (Specific to their job), Negative (General), Negative (Specific to their job), Unexpected (General), and Unexpected (Specific to their job).

The Reality Therapy Activities Scale (Drummond, 1980) is an eighteen item rating scale in which the respondents are asked to check the frequency of their use of reality therapy and then the degree of success they have had in using the concept.

The Reality Therapy Attitude Scale (Drummond, 1980) is an 18 item Likert type of instrument in which the respondents are asked to rate each statement on a five point scale ranging from strongly agree to strongly disagree. The scale contains items measuring two dimensions. The first dimension relates to the principles and philosophy of Reality Therapy and consists of the first fifteen items. The second dimension consists of three items related to the evaluation of Reality Therapy.

RESULTS

The results section is divided into six parts. In the first part, the attitude toward reality therapy is compared across time

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periods. The second part presents the comparison of the ratings of use and success of Reality Therapy by the staff from 1980 to 1982. The current attitudes toward reality therapy by the different classifications of staff are presented in section three. In the fourth section the current reaction of the staff to the degree of use and degree of success of using R.T. is reported. The fifth section includes a comparison of the aspects of R.T. that have worked well for the staff as well as those which have not worked well. Also the other utilizations made of R. T. by the staff are discussed. The sixth section lists the negative and positive perceptions of the impact that staff feels that R. T. has had on the Maine Youth Center.

ATTITUDE TOWARD REALITY THERAPY OVER TIME

The comparison of the responses by staff to the items on the Reality Therapy Attitude Scale from 1980 to 1982 is presented in Table 5. For the present discussion, the Agree and Strongly Agree categories were combined to compare attitudes over time. The attitude of the staff toward the role of failure has changed over time. On the first assessment in the Winter of 1980 35 percent of the staff agreed that what you learned from failure was how to fail as compared to 55 percent of the staff in January of 1982. There also has been a decline in the number of people who agreed that you need to fail to be prepared for life from 1980 to 1982.

An underlying assumption of the learning theory dealing with the goodness or badness of human nature was assessed. In 1980 sixty-five percent of the staff felt that people were innately good and loving as compared to 49 percent in 1982.

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TABLE 5
COMPARISON OF 1980-82
RESPONSES BY STAFF TO ITEMS ON REALITY THERAPY
ATTITUDE SCALE BY MYC STAFF

ITEM	DATE	SA	A	?	DA	SDA
Deal with how a person feels	W 80	14.3	35.1	9.1	33.8	7.8
	S 80	20.3	22.0	8.5	33.9	15.3
	SP 81	14.1	28.2	7.0	40.8	9.9
	W 82	9.0	32.0	20.0	32.0	8.0
Learn from failure how to fail	W 80	3.9	31.2	9.1	48.1	7.8
	S 80	18.6	39.0	3.4	25.4	13.6
	SP 81	28.2	35.2	5.6	26.8	2.8
	W 82	16.0	39.0	9.0	24.0	12.0
Need to fail to be prepared for life	W 80	6.5	50.6	9.1	28.6	5.2
	S 80	8.5	30.5	20.3	28.8	11.9
	SP 81	7.0	36.6	16.9	28.2	11.3
	W 82	12.0	32.0	15.0	32.0	8.0
People innately good and loving	W 80	5.2	59.7	10.4	23.4	1.3
	S 80	6.8	49.2	23.7	16.9	3.4
	SP 81	14.1	45.1	9.9	28.2	2.8
	W 82	8.0	41.0	19.0	26.0	6.0
Needs not fulfilled behave irresponsibly	W 80	13.0	58.4	7.8	18.2	1.3
	S 80	18.6	40.7	32.2	8.5	0.0
	SP 81	16.9	63.4	7.0	11.3	1.4
	W 82	27.0	59.0	8.0	4.0	2.0
Need to know past	W 80	14.3	49.4	11.7	19.5	3.9
	S 80	15.3	47.5	5.1	23.7	8.5
	SP 81	16.9	32.4	12.7	33.8	4.2
	W 82	18.0	50.0	11.0	15.0	5.0
People deny reality of environment	W 80	5.2	37.7	20.8	36.4	0.0
	S 80	3.4	40.7	15.3	37.7	3.4
	SP 81	4.2	45.1	11.3	31.3	5.6
	W 82	17.0	51.0	19.0	13.0	0.0
Basic needs love and affection	W 80	40.3	45.5	3.9	7.8	2.6
	S 80	40.7	45.8	10.2	3.4	0.0
	SP 81	47.9	46.5	0.0	5.6	0.0
	W 82	38.0	52.0	6.0	3.0	1.0
Maintain position of superiority	W 80	2.6	5.2	7.8	39.0	45.5
	S 80	0.0	1.7	5.1	52.5	40.7
	SP 81	2.8	2.8	1.4	45.1	47.9
	W 82	3.0	17.0	5.0	42.0	32.0

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TABLE 5 CONTINUED

ITEM	DATE	SA	A	?	DA	SDA
Anyone can become more responsible	W 80	35.1	53.2	6.5	5.2	0.0
	S 80	49.2	50.8	0.0	0.0	0.0
	SP 81	33.8	60.6	2.8	1.4	1.4
	W 82	36.0	53.0	5.0	5.0	2.0
Individuals capable of change	W 80	31.2	63.6	3.9	1.3	0.0
	S 80	37.3	57.6	3.4	1.7	0.0
	SP 81	38.0	59.7	1.4	1.4	0.0
	W 82	29.0	62.0	6.0	3.0	0.0
People capable of helping each other	W 80	40.3	54.5	2.6	2.6	0.0
	S 80	42.4	55.9	1.7	0.0	0.0
	SP 81	39.4	60.6	0.0	0.0	0.0
	W 82	25.0	64.0	7.0	4.0	1.0
People must interact with reality	W 80	13.0	63.6	18.2	5.2	0.0
	S 80	27.1	40.7	23.7	8.5	0.0
	SP 81	19.3	71.9	3.5	5.3	0.0
	W 82	18.0	68.0	10.0	3.0	1.0
People have responsibilites to each other	W 80	24.7	61.0	10.4	3.9	0.0
	S 80	32.2	50.8	16.9	0.0	0.0
	SP 81	27.6	67.2	1.7	1.7	1.7
	W 82	26.0	58.0	9.0	7.0	0.0
You must be treated warmly	W 80	18.2	57.1	14.3	9.1	1.3
	S 80	16.9	47.5	23.7	10.2	1.7
	SP 81	24.6	47.4	19.3	8.8	0.0
	W 82	20.0	56.0	11.0	11.0	2.0
Reality therapy helped me do better job	W 80	7.8	48.1	28.6	14.3	1.3
	S 80	13.6	37.3	40.7	3.4	5.1
	SP 81	20.4	53.7	24.1	1.9	0.0
	W 82	11.0	48.0	26.0	11.0	4.0
Have good understanding of principles of R. T.	W 80	7.8	62.3	23.4	3.9	2.6
	S 80	11.9	57.6	28.8	1.7	0.0
	SP 81	14.3	73.2	8.9	3.6	0.0
	W 82	12.0	58.0	20.0	7.0	3.0
Program will be more effective as result of R.T.	W 80	11.7	37.7	46.8	2.6	1.3
	S 80	13.6	40.7	40.7	3.4	1.7
	SP 81	15.8	45.6	35.1	1.8	1.8
	W 82	14.0	40.0	32.0	11.0	4.0

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There was an increase in the number of staff believing that if needs are not fulfilled youth will behave irresponsibly. Seventy-one percent agreed to this statement in 1980 as compared to 86 per cent in 1982.

More staff felt in 1982 than in 1980 that they needed to know more about the past of the youth to work with them. Fifty-four per cent agreed in 1980 as compared to 68 percent in 1982. There has been a degree of consistency of the staffs views of the importance of the basic needs of love and affection. About 90 percent of the staff on each assessment agreed that two of the basic needs are love and affection.

There is a slight decline in the number of staff who support the role of the position of superiority by the staff from 1980 to 1982. In 1980 eighty-five percent disagreed with the role as compared to 74 percent in 1982.

The staff has agreed consistently over time that anyone can become more responsible and that individuals are capable of change. Ninety percent or more have usually agreed to these statements on each of the four assessments. This is also true of the items relating to people being capable of helping each other and that youth should have responsibilities to each other.

There was an increase between 1980 and 1982 of the number of staff members who feel that people must react with reality. Sixty-seven percent agreed in 1980 as compared to 86 percent in 1982. About three quarters of the staff at each assessment felt the importance of warm acceptance of the youth.

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The percent of staff who feel that reality therapy has helped them do a better job has varied from a low 51 percent in the Spring of 1981 to a high of 74 percent in the Spring of 1980. There were fifteen percent of the staff who disagreed on the first assessment as well as the last assessment. Around a quarter of the staff were uncertain of the impact of reality therapy on their job on all the assessments except the Summer 1980 assessment in which 11 percent reported they were uncertain.

About seventy percent reported they had a good understanding of the principles of R. T. on three of the four assessments. Eighty-eight percent agreed on the Spring 1981 assessment. Ten percent disagreed on the last assessment.

The percent of staff who agreed that the program at the Maine Youth Center will be more effective as the result of R. T. varied from a low of 44 percent in the Summer of 1980 to a high of 61 percent during the Spring of 1981. Fifty-four percent checked agree on the January 1982 assessment.

UTILIZATION OF REALITY THERAPY

A comparison of the utilization of eight of the dimensions of reality therapy from 1980 to 1982 is presented in Table 6. There are two trends that can be noted. The first is that there was an increase in the utilization of the eight components initially followed by a decline very evident on the January 1982 assessment. Secondly, the percent of staff never using the techniques has declined over time. Most staff utilize the principles at one time or another.

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TABLE 6

USE OF REALITY THERAPY DIMENSIONS BY STAFF

ITEM	DATE	PERCENT OF USE OFTEN	SELDOM	NEVER	MISSING
Making friends with the youth I work with	W 80	52.8	12.3	3.8	31.1
	S 80	69.6	25.0	0.0	5.4
	SP 81	72.2	11.1	0.0	16.7
	W 82	32.4	25.8	1.4	33.3
	*	57.6	40.2	2.2	
Getting youth to look at their behavior	W 80	49.1	12.3	4.7	33.9
	S 80	75.0	14.3	3.6	7.1
	SP 81	68.1	13.9	0.0	18.0
	W 82	42.0	23.2	2.2	32.6
	*	62.4	34.4	3.2	
Getting youth to evaluate what they are doing	W 80	41.5	17.9	7.5	33.1
	S 80	60.7	26.8	3.6	8.9
	SP 81	69.4	13.9	0.0	16.7
	W 82	39.1	25.4	2.9	32.6
	*	58.1	37.6	4.3	
Getting youth to set a plan to do better	W 80	33.0	20.8	13.2	33.0
	S 80	66.1	14.3	8.9	10.7
	SP 81	55.6	22.2	4.2	18.0
	W 82	31.2	28.3	7.2	33.3
	*	46.7	42.4	10.9	
Getting youth to make a commitment to change	W 80	35.8	18.9	12.3	33.0
	S 80	57.1	21.4	10.7	10.8
	SP 81	52.8	25.0	1.4	20.8
	W 82	28.3	31.9	6.5	33.3
	*	42.4	47.8	9.8	
Not accepting their excuses	W 80	42.5	14.2	11.3	32.0
	S 80	66.1	16.1	8.9	8.9
	SP 81	58.3	16.7	5.6	19.4
	W 82	42.0	24.6	6.5	26.8
	*	57.4	33.7	8.9	
Not punishing, but not interferring with natural consequences	W 80	28.7	23.6	10.4	37.7
	S 80	45.2	37.5	5.4	11.9
	SP 81	52.8	29.2	1.4	16.6
	W 82	30.4	31.2	4.3	34.1
	*	46.2	47.3	6.6	
Being persistent	W 80	58.5	3.8	5.7	32.0
	S 80	66.1	17.9	3.6	72.4
	SP 81	69.4	9.7	0.0	20.9
	W 82	50.7	16.7	1.4	31.2
	*	73.7	24.2	2.1	

* Adjusted

The degree of success in using the principles of reality therapy from 1980 to 1982 is reported in Table 7. The same overall pattern holds. There tended to be an increase in the degree of success reported each assessment until the last assessment. There was also an overall decline in the number of staff reporting no success over time. The percent did increase on the last assessment but the per cent is not as great as on the initial assessment. The area receiving the most checks for not being successful at getting youth to set a plan to do better. The percent reporting no success ranged from 9 to 18 percent. The second area was getting youth to make a commitment to change. The percent reporting no change ranged from 4 percent to 16 percent. Overall making friends with the youth they work with, being persistent, and not accepting their excuses appear to be the principles with which staff have the most success.

CURRENT UTILIZATION AND SUCCESS

The current utilization of eight dimensions of R. T. was reported in Table 6 and current success of the same dimensions in Table 7. Ten additional items were added on the January 1982 assessment (See Table 8). The least utilized dimension was getting youth to develop a sense of self-fulfillment based on a responsible, internalized value system. Two other dimensions were utilized less frequently than the others. Those wer getting youth to see cause-effect relationships and getting youth to look at their values. The staff most frequently puts emphasis on getting youth to be aware of rules and regulations, getting youth to be involved in the program, and getting youth to follow through on assigned tasks and of rules and regulations.

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TABLE 7

DEGREE OF SUCCESS IN USING REALITY THERAPY BY MYC STAFF

ITEM	DATE	DEGREE OF SUCCESS EXTREMELY	SOMEWHAT	NO	MISSING
Making friends with the youth I work with	W 80	18.9	36.8	4.7	39.6
	S 80	37.5	51.8	0.0	10.7
	SP 81	34.7	38.9	0.0	26.4
	W 82	24.6	42.0	1.4	31.9
	*	36.2	61.7	2.1	
Getting youth to look to their behavior	W 80	9.4	47.2	3.8	39.6
	S 80	19.6	64.3	1.8	14.3
	SP 81	23.6	54.2	0.0	22.2
	W 82	15.9	49.3	1.4	33.3
	*	23.9	73.9	2.2	
Getting youth to evaluate what they are doing	W 80	6.6	44.3	6.6	42.5
	S 80	14.3	69.6	1.8	14.3
	SP 81	22.2	51.4	1.4	25.0
	W 82	10.1	52.9	4.3	32.7
	*	15.1	78.5	6.5	
Getting youth to set a plan to do better	W 80	6.6	34.9	17.9	40.6
	S 80	14.3	53.6	14.3	17.8
	SP 81	19.4	48.6	8.3	23.7
	W 82	10.1	47.1	8.7	34.1
	*	15.4	71.4	13.2	
Getting youth to make a commitment to change	W 80	3.8	37.6	16.0	42.6
	S 80	7.1	74.3	16.1	2.5
	SP 81	11.1	62.5	4.2	22.2
	W 82	5.8	52.9	6.5	34.8
	*	8.9	81.1	10.0	
Not accepting their excuses	W 80	18.9	32.1	5.7	43.2
	S 80	33.9	44.6	5.4	16.1
	SP 81	48.6	25.0	1.4	25.0
	W 82	20.3	41.3	4.3	34.1
	*	30.8	62.6	6.6	
Not punishing, but not interferring with natural consequences	W 80	14.2	32.1	6.6	47.1
	S 80	28.6	53.6	5.4	12.4
	SP 81	29.2	44.4	1.4	25.0
	W 82	13.0	47.8	4.3	34.8
	*	20.0	73.3	6.7	
Being persistent	W 80	19.8	33.0	3.8	43.4
	S 80	41.1	39.3	1.8	17.8
	SP 81	43.1	29.2	0.0	27.7
	W 82	20.3	40.6	2.9	36.2
	*	31.8	63.6	4.5	

* Adjusted

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The most success reported was getting youth to be aware of rules and regulations, making friends with the youth they work with, not accepting excuses, being persistent, and getting youth to follow through on assigned tasks and obligations. The least success is reported in getting youth to see the validity of their treatment program, getting youth to develop a sense of self-fulfillment based on a responsible, internalized value system, getting youth to see cause and effect relationships and getting youth to look at their values.

ATTITUDES TOWARD REALITY THERAPY BY JOB CLASSIFICATION

The responses of 10 occupational groups to each of the eighteen items on the Reality Therapy Attitude Scale are listed in Table 9 to Table 26. The numbers of individuals who checked each category are reported. Percentages are not reported because of the variability in the numbers within each job category.

Some trends should be noted. There is a difference in the perception of the Custodial/Maintenance, Plant Operating and Business Services, and Night Group in how they see their role relationship in working with youth. There is a tendency for this group to agree more that in working with youth they should maintain a position of superiority and aloofness from them.

Of the group reporting that they disagreed that training in reality therapy had helped them to do a better job of working with youth, seven were cottage personnel, 5 custodial maintenance, 4 teachers, 2 spare staff and 1 from P.O.B.S. Nineteen of the 133 staff members felt that the program of the Maine Youth Center will not be more effective as a result of Reality Therapy. None of these were cottage personnel, three teachers, 2 control,

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TABLE 8

USE AND SUCCESS OF PRINCIPLES OF REALITY THERAPY BY STAFF

ITEM		OFT	EXT	ST	SW	NEV	NONE
Getting youth to be involved in program	U	64.1		29.3		6.5	
	S		21.5		73.1		5.4
Getting youth to be aware of their personal effect on others	U	53.8		41.9		4.3	
	S		19.1		70.8		10.1
Getting them to see the validity of the treatment program	U	41.5		50.0		8.5	
	S		12.0		73.9		14.1
Getting them to work positively with other youth	U	51.1		43.5		5.4	
	S		14.1		77.2		8.7
Getting youth to learn from mistakes	U	55.9		43.0		1.1	
	S		19.6		75.1		4.4
Getting youth to see cause effect relationships	U	43.8		50.6		5.6	
	S		11.2		75.3		13.5
Getting youth to be aware of rules and regulations	U	78.3		19.6		2.1	
	S		34.1		60.6		5.3
Getting youth to follow through on assigned tasks and obligations	U	62.8		34.0		3.2	
	S		26.7		69.8		3.5
Getting youth to look at their values	U	48.9		42.6		8.5	
	S		6.6		82.4		11.0
Getting youth to develop a sense of self fulfillment based on a responsible, internalized value system	U	39.5		49.4		11.1	
	S		5.6		76.4		18.0

OFT - Often
EXT - Extremely
ST - Sometimes
SW - Somewhat
NEV - Never
- None
U - Use
S - Success

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TABLE 9

IT IS MORE IMPORTANT TO DEAL WITH HOW A RESIDENT FEELS THAN WHAT HE/SHE IS DOING

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	1	0	3	0	(4)
AFTERCARE	0	2	1	1	0	(4)
COTTAGE	4	10	7	16	4	(41)
CONTROL	2	1	1	0	1	(5)
CUSTODIAL	3	7	4	3	0	(17)
NIGHT	2	6	3	1	0	(12)
P.O.B.S.	0	4	4	3	0	(11)
RECREATION	0	3	0	3	1	(7)
SPARE	1	6	2	2	2	(13)
TEACHERS	0	2	4	10	3	(19)
TOTAL	12	42	26	42	11	133
PERCENT	09	32	20	32	08	

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TABLE 10

THE THING MOST PEOPLE LEARN FROM FAILURE IS HOW TO FAIL

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	3	0	1	0	(4)
AFTERCARE	0	0	1	3	0	(4)
COTTAGE	8	14	3	11	3	(39)
CONTROL	1	1	0	1	2	(5)
CUSTODIAL	2	6	1	5	1	(15)
NIGHT	1	4	3	1	3	(12)
P.O.B.S.	1	5	0	2	3	(11)
RECREATION	1	3	0	3	0	(7)
SPARE	2	6	1	3	1	(13)
TEACHERS	5	8	3	1	2	(19)
TOTAL	21	50	12	31	15	129
PERCENT	16	39	09	24	12	

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TABLE 11

IF A RESIDENT DOESN'T FAIL SOMETHING IN LIFE, HE/
SHE IS NOT ADEQUATELY PREPARED FOR LIFE IN OUR SOCIETY

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	1	0	3	0	(4)
AFTERCARE	0	1	2	1	0	(4)
COTTAGE	5	17	5	10	3	(40)
CONTROL	1	0	0	1	2	(4)
CUSTODIAL	3	4	1	7	1	(16)
NIGHT	2	3	1	6	0	(12)
P.O.B.S.	1	3	1	4	2	(11)
RECREATION	2	1	2	1	1	(7)
SPARE	0	6	3	4	0	(13)
TEACHERS	2	6	5	5	1	(19)
TOTAL	16	42	20	42	10	130
PERCENT	12	32	15	32	08	

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TABLE 12

PEOPLE ARE INNATELY GOOD AND LOVING

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	1	2	1	0	(4)
AFTERCARE	0	1	2	1	0	(4)
COTTAGE	3	18	9	9	0	(39)
CONTROL	2	0	1	0	1	(4)
CUSTODIAL	0	8	2	3	3	(16)
NIGHT	0	7	3	1	1	(12)
P.O.B.S.	0	4	2	3	2	(11)
RECREATION	0	5	1	1	0	(7)
SPARE	1	4	1	6	1	(13)
TEACHERS	4	3	2	8	0	(19)
TOTAL	10	53	25	33	8	129
PERCENT	08	41	19	26	06	

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TABLE 13

WHEN A RESIDENTS' NEEDS ARE NOT FULFILLED,
HE OR SHE BEGINS TO BEHAVE IRRESPONSIBLY

GROUP	SA	A	U	D	SD	N
ADMINISTRAITON	1	3	0	0	0	(4)
AFTERCARE	0	2	2	0	0	(4)
COTTAGE	15	22	2	2	0	(41)
CONTROL	3	1	0	0	1	(5)
CUSTODIAL	6	9	1	0	1	(17)
NIGHT	0	7	3	1	1	(12)
P.O.B.S.	2	8	0	1	0	(11)
RECREATION	1	6	0	0	0	(7)
SPARE	2	10	1	0	0	(13)
TEACHERS	6	11	1	1	0	(19)
TOTAL	36	79	10	5	3	133
PERCENT	27	59	08	04	02	

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TABLE 14

WE NEED TO KNOW ABOUT THE PAST TO UNDERSTAND
WHY THE RESIDENT BEHAVED THE WAY HE/SHE DID

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	1	1	2	0	(4)
AFTERCARE	0	1	2	1	0	(4)
COTTAGE	11	18	2	7	2	(40)
CONTROL	3	1	1	0	0	(5)
CUSTODIAL	2	10	3	2	0	(17)
NIGHT	3	7	0	1	1	(12)
P.O.B.S.	5	6	0	0	0	(11)
RECREATION	0	4	2	1	0	(7)
SPARE	0	7	1	2	2	(12)
TEACHERS	0	11	2	4	2	(19)
TOTAL	24	66	14	20	7	131
PERCENT	18	50	11	15	05	

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TABLE 15

MOST RESIDENTS DENY
THE REALITY OF THEIR ENVIRONMENT

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	2	1	1	0	(4)
AFTERCARE	0	0	2	2	0	(4)
COTTAGE	7	20	6	7	0	(40)
CONTROL	2	1	1	1	0	(5)
CUSTODIAL	1	11	4	1	0	(17)
NIGHT	4	5	1	2	0	(12)
P.O.B.S.	1	5	4	1	0	(11)
RECREATION	0	6	1	0	0	(7)
SPARE	2	8	1	1	0	(12)
TEACHERS	5	9	4	1	0	(19)
TOTAL	22	67	25	17	0	131
PERCENT	17	51	19	13	0	

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TABLE 16

TWO OF THE MOST BASIC NEEDS ARE LOVE AND AFFECTION

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	1	3	0	0	0	(4)
AFTERCARE	1	1	1	1	0	(4)
COTTAGE	17	20	2	2	0	(41)
CONTROL	3	1	0	0	1	(5)
CUSTODIAL	5	10	1	0	0	(16)
NIGHT	6	6	0	0	0	(12)
P.O.B.S.	2	7	2	0	0	(11)
RECREATION	2	3	1	0	0	(6)
SPARE	4	8	0	0	0	(12)
TEACHERS	5	9	1	1	0	(19)
TOTAL	49	68	8	4	1	130
PERCENT	38	52	06	03	01	

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TABLE 17

IN WORKING WITH YOUTH AT THE MAINE YOUTH CENTER ONE SHOULD MAINTAIN A POSITION OF SUPERIORITY AND ALOOFNESS FROM THEM

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	0	0	3	1	(4)
AFTERCARE	0	0	1	2	1	(4)
COTTAGE	2	2	0	21	17	(41)
CONTROL	1	0	1	2	1	(5)
CUSTODIAL	0	9	1	7	0	(17)
NIGHT	0	4	1	7	0	(12)
P.O.B.S.	1	5	2	3	0	(11)
RECREATION	0	1	1	1	4	(7)
SPARE	0	1	1	5	5	(12)
TEACHERS	0	1	0	5	13	(19)
TOTAL	4	23	7	56	42	132
PERCENT	03	17	05	42	32	

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TABLE 18

YOUTH AT THE MAINE YOUTH CENTER CAN BECOME MORE RESPONSIBLE AND PRODUCTIVE

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	1	3	0	0	0	(4)
AFTERCARE	2	1	1	0	0	(4)
COTTAGE	14	21	2	3	1	(41)
CONTROL	5	0	0	0	0	(5)
CUSTODIAL	3	11	0	2	1	(17)
NIGHT	5	6	1	0	0	(12)
P.O.B.S.	5	6	0	0	0	(11)
RECREATION	1	6	0	0	0	(7)
SPARE	2	8	2	0	0	(12)
TEACHERS	9	8	0	1	0	(18)
TOTAL	47	70	6	6	2	131
PERCENT	36	63	05	05	02	

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TABLE 19

RESIDENTS ARE CAPABLE OF
CONSTRUCTIVE AND CREATIVE CHANGE

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	4	0	0	0	(4)
AFTERCARE	2	1	1	0	0	(4)
COTTAGE	12	28	0	1	0	(41)
CONTROL	4	0	0	1	0	(5)
CUSTODIAL	3	10	3	2	0	(18)
NIGHT	5	6	1	0	0	(12)
P.O.B.S.	2	8	1	0	0	(11)
RECREATION	1	6	0	0	0	(7)
SPARE	0	12	0	0	0	(12)
TEACHERS	9	8	2	0	0	(19)
TOTAL	38	83	8	4	0	133
PERCENT	29	62	06	03	0	

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TABLE 20

RESIDENTS ARE CAPABLE OF HELPING EACH OTHER TO ADOPT MORE RESPONSIBLE AND PRODUCTIVE BEHAVIOR

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	4	0	0	0	(4)
AFTERCARE	2	1	1	0	0	(4)
COTTAGE	11	29	2	0	0	(42)
CONTROL	4	0	0	1	0	(5)
CUSTODIAL	2	10	2	2	1	(17)
NIGHT	3	7	1	1	0	(12)
P.O.B.S.	2	7	1	1	0	(11)
RECREATION	1	6	0	0	0	(7)
SPARE	2	10	0	0	0	(12)
TEACHERS	6	11	2	0	0	(19)
TOTAL	33	85	9	5	1	133
PERCENT	25	64	07	04	01	

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TABLE 21

RESIDENTS MUST INTERACT WITH
THE REALITY OF THE ENVIRONMENT

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	4	0	0	0	(4)
AFTERCARE	2	1	1	0	0	(4)
COTTAGE	9	31	0	1	0	(41)
CONTROL	3	2	0	0	0	(5)
CUSTODIAL	1	9	3	2	0	(15)
NIGHT	1	10	1	0	0	(12)
P.O.B.S.	1	6	3	1	0	(11)
RECREATION	0	7	0	0	0	(7)
SPARE	1	8	3	0	0	(12)
TEACHERS	6	10	2	0	1	(19)
TOTAL	24	88	13	4	1	130
PERCENT	18	68	10	03	01	

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TABLE 22

RESIDENTS LIVE IN A SOCIAL CONTEXT
AND HAVE RESPONSIBILITIES TO EACH OTHER

GROUP	SA	A	U	D	SD	N
AMINISTRATION	0	4	0	0	0	(4)
AFTERCARE	2	1	1	0	0	(4)
COTTAGE	16	24	1	1	0	(42)
CONTROL	2	3	0	0	0	(5)
CUSTODIAL	3	10	3	2	0	(18)
NIGHT	2	8	0	2	0	(12)
P.O.B.S.	0	6	3	2	0	(11)
RECREATION	0	5	2	0	0	(7)
SPARE	3	9	0	0	0	(12)
TEACHERS	7	8	2	2	0	(19)
TOTAL	35	78	12	9	0	134
PERCENT	26	58	09	07	0	

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TABLE 23

YOUTH AT THE MAINE YOUTH CENTER
HAVE TO BE WARMLY AND PERSONALLY ACCEPTED
IF THEIR STAY IS TO CHANGE THEIR BEHAVIOR

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	3	1	0	0	(4)
AFTERCARE	1	1	1	1	0	(4)
COTTAGE	11	25	3	3	1	(43)
CONTROL	2	1	2	0	0	(5)
CUSTODIAL	3	9	1	2	0	(15)
NIGHT	0	10	0	2	0	(12)
P.O.B.S.	1	7	2	1	0	(11)
RECREATION	2	4	1	0	0	(7)
SPARE	0	6	2	3	1	(12)
TEACHERS	6	8	2	3	0	(19)
TOTAL	26	74	15	15	2	132
PERCENT	20	56	11	11	02	

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TABLE 24

TRAINING IN REALITY THERAPY HAS HELPED ME
TO DO A BETTER JOB OF WORKING WITH YOUTH HERE

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	3	1	0	0	(4)
AFTERCARE	0	1	3	0	0	(4)
COTTAGE	7	21	6	6	1	(41)
CONTROL	2	0	3	0	0	(5)
CUSTODIAL	0	6	7	3	2	(18)
NIGHT	1	6	4	0	1	(12)
P.O.B.S.	0	7	3	1	0	(11)
RECREATION	0	6	1	0	0	(7)
SPARE	0	7	3	1	1	(12)
TEACHERS	4	7	4	4	0	(19)
TOTAL	14	64	35	15	5	133
PERCENT	11	48	26	11	04	

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TABLE 25

I HAVE A GOOD UNDERSTANDING OF
THE BASIC PRINCIPLES OF REALITY THERAPY

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	4	0	0	0	(4)
AFTERCARE	0	1	1	2	0	(4)
COTTAGE	9	24	4	5	0	(42)
CONTROL	1	1	3	0	0	(5)
CUSTODIAL	1	6	6	1	2	(16)
NIGHT	1	9	3	0	0	(13)
P.O.B.S.	0	5	4	0	2	(11)
RECREATION	0	5	2	0	0	(7)
SPARE	1	10	0	1	0	(12)
TEACHERS	3	12	3	0	0	(18)
TOTAL	16	77	26	9	4	132
PERCENT	12	58	20	07	03	

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TABLE 26

THE PROGRAM OF THE MAINE YOUTH CENTER WILL BE MORE EFFECTIVE AS A RESULT OF REALITY THERAPY

GROUP	SA	A	U	D	SD	N
ADMINISTRATION	0	4	0	0	0	(4)
AFTERCARE	0	3	1	0	0	(4)
COTTAGE	7	15	11	7	2	(42)
CONTROL	1	1	1	1	1	(5)
CUSTODIAL	2	6	6	1	1	(16)
NIGHT	2	6	3	0	1	(12)
P.O.B.S.	2	2	6	0	0	(11)
RECREATION	0	4	1	1	0	(7)
SPARE	1	5	6	1	0	(13)
TEACHERS	3	6	7	3	0	(19)
TOTAL	18	53	43	14	5	133
PERCENT	14	40	32	11	04	

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2 custodial/maintenance, and one each of the night, recreation, and spare staff.

PERSONAL EVALUATION OF REALITY THERAPY

The staff were asked, first of all, what aspect of reality therapy worked well for them. In the administrative group, only one of the four made a comment. It dealt with "getting involved" and "holding people accountable." Only one of the four Aftercare Workers listed a comment. It related to the role of natural consequences. Twenty-seven of the Cottage personnel made comments relating to what worked well. The theme of the most successful practice was making friends with the youth. The second most frequently mentioned practice was plan writing. Not accepting excuses, the disciplinary steps, getting youth to realize that they are responsible for their actions were next most frequently mentioned. Never giving up and involvement were other successful practices mentioned. Four said that they had success in all of the steps.

Three of the custodial/ maintenance group listed successful practices. One stated that knowing that each cottage is run on about the same program made it easier for staff in handling any problem that arose. Another mentioned getting youth to accept responsibility for their behavior and getting them to see what they are doing wrong were tactics that were successful.

Five of the IUC staff listed areas which worked well. They included plan writing, isolation, ICB, ICU, making plans to do better, not accepting excuses, and making friends.

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Three of the night staff listed comments. These included getting involved, not accepting excuses, and being friendly. Five of the P.O.B.S. group responded. Two listed common sense. The others mentioned being able to talk man to man, trying to be fair and honest and the loss of points and the writing of good commendations. Seven of the recreation staff listed comments. Making friends and not accepting excuses were most frequently mentioned.

Eight of the spare staff listed things that worked well for them. Not accepting excuses and being friendly were mentioned most frequently. Getting youth to accept responsibility for their behavior and make plans and commitment for change were also mentioned. One mentioned the process of getting them to be involved with others to be helpful. Another theme was to get the youth to evaluate their value system and make changes with the aid of role modeling by staff.

Fourteen of the teachers stated what worked well for them. Helping youth to become more responsible was frequently mentioned. Intellectual and personal guidance and positive and negative reinforcement of behavior were also noted. One mentioned the use of isolation as a successful tool for working with students who are up tight.

Slightly over two thirds of all the staff responding to the survey listed dimensions of Reality Therapy that worked well for them. The comments ranged for each individual listing aspects from "none" to "all" and from a single comment to seven separate comments. The two most frequently listed comments

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were "making friends" and "not accepting excuses." Next was getting youth to accept responsibility for their behavior. Having students make plans and a commitment were also frequently mentioned.

The staff were asked what aspects did not work well or in which they had problems implementing. None of the aftercare workers listed any. One of those classified as administrators listed one. It was helping students write meaningful plans and finding the time and energy to follow-up.

Twenty of the cottage staff listed problem areas. Half of the group listed plan writing. They state: "the plans seem to be the big one -- too many outs for them not to take the responsibility for completing the plan." "Making plan to do better again and again. The kid has to want to do better or the plan is just a waste of paper, superficial plans to do better." "The educational level of students which is below average makes it hard for us to get them to know what a plan is. After they are here a while they give the answers and plans that will please and satisfy the staff."

Other areas listed were getting students to accept responsibility for their behavior, getting students to look at and evaluate their behavior and getting students to make a commitment to change. Three of the custodial/maintenance staff listed areas -- one related to not having training in Reality Therapy, the second plan writing, and the third working with students when they lose control of their behavior. Four of the IUC listed

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comments which ranged from many to getting a commitment. One staff member stated that trying to make youth realize that he might be happier leading a more positive life without delinquent actions was a problem. Three of the night staff also listed comments. They related to the lack of commitment of the individual and difficulty in getting youth to be open about their behavior. One person stated that he could not think of any that did not work well.

Two of the plant operation staff listed problem areas. One related to the complexity of the steps of Reality Therapy. The other to the lack of commitment of youth who "use the whole thing as a game." Five of the recreation staff listed comments. Isolation was most frequently mentioned. Don't give up and Don't accept excuses were also mentioned. One staff member reported that he had problems with all of the steps of Reality Therapy.

Nine of the spare staff listed problem areas. The most frequently mentioned area was getting a commitment. One said all but natural consequences and another state "all aspects are difficult because of the large numbers we have to work with and the clientel are resistent to change. It is an awesome task and really impossible to fulfill."

Eleven teachers stated negative areas. By in large, plan writing was most frequently mentioned. One stated the area of value judgment -- that the youth have a very different life style and that he has trouble with them to accept that growth is the best way to go. They often resent change as disloyal to life-style. Another indicates with certain hardened individuals the steps of Reality Therapy have become merely a way of manipulating.

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Some youngsters have become better at it.

Slightly under half of the staff listed dimensions of Reality Therapy which have not worked well for them. Plan writing was the most frequently mentioned area. Getting a commitment, getting youth to look at their behavior and values were also other frequently mentioned problem areas.

The staff noted what other types of uses they had made of Reality therapy. About a third of the staff listed different areas in which R. T. had worked for them. The most frequently mentioned areas are with my family or home life and in my own life. Others mention using R. T. in other social contexts, for example, with clubs or social organizations, church work and with friends. Some find it has had an impact on how they work with fellow staff members. Some examples of the use of R. T. in family context are with my youngsters ... when they are doing something that I think they should not be doing instead of hollering and telling them to stop I ask what are you doing ... and should you be doing it. Another states "Not accepting their excuses and allowing my children to accept natural consequences has worked well in increasing their degree of responsiblity and dependability."

In terms of the use of R. T. in their own lives, staff state, for example:

"I think more often of never giving up - finish all projects to the best of my ability."

"I have used R. T. in my own life. I have a tendency to

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become pessimistic, unconfident and frustrated from everyday problems that do occur. Not that I sit down and write a plan but I don't allow myself to fall back on excuses for my own irresponsible actions. When I do run into a problem that sets my daily functions back, I make alternate plans for myself. For my own life I have utilized two aspects of R. T., accept no excuses from myself and seek alternate means of handling problems."

Other examples are of uses in other contexts:

"The practical aspects of R. T. and its emphasis on good communication skills can be used anywhere."

"On friends. They were not aware of R. T. and it did help with success."

"In dealing with other staff, peers, and others, I have had much better success in using R. T. than with the residents.

PERCEIVED IMPACT OF REALITY THERAPY ON THE MAINE YOUTH CENTER

The staff were asked what impact Reality Therapy has had in general on the Maine Youth Center as well as specifically on their job. Three dimensions were explored: positive, negative, and unexpected.

The following are a sample of the statements made by the staff of the general positive effects of R. T. on the Maine Youth Center: (A list of all the comments can be found in Appendix A of the report)

Group

Administration

1. In general it has provided a common basis for all staff to work from.

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2. A good impact in that it defines our basic needs and educates the students in positive ways of life; ways that they have never known before.

Aftercare

1. The purpose of the center seems more goal oriented and there is a feeling of caring and concern.

2. Youth are more aware of "How to get out" by having good behavior and how behavior controls their status.

Cottage

1. R. T. has provided the center with a definite point of departure in dealing with troubled adolescents. Counselors replace the old "custodial" staff and the center itself incorporates a greater degree of professionalism. The institution does more than merely incarcerate, it provides a tailored treatment program for all its residents.

2. It raised the possibility of the return to "common sense" and practicality of treatment as well as a promise of consistency in cottage programs.

3. Youth seem to have more positive attitudes.

4. Less violence.

5. There seems to be more of a togetherness among co-workers, working together.

Custodial/Maintenance

1. It has helped some of the residents become more aware of themselves and accept responsibility for their actions.

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IUC

1. I feel that with R. T., staff and students have a sense of direction. When a student enters Maine Youth Center, he is treated by a caring staff. No longer can a youth come here and "do time." His problems are confronted.

2. I have seen a good rate of success overall at the Maine Youth Center.

3. Students are taking more responsibility for their own actions.

Night

1. The ratio of AWOL's appears to have decreased.

2. It proves that the Maine Youth Center is not unbendable and that we are willing to make changes in order for our students to benefit.

3. I believe that since the Reality Therapy program has been introduced to the Maine Youth Center, the overall policies have been improved.

Spare

1. Peer structure is better understood through example. Reward and punishment for one's actions is a positive tool for rehabilitating.

2. In my opinion it gives the Maine Youth Center one program to work with and the staff and students know what is expected of them.

3. Makes a student take a closer look at himself. Has to have an idea of where his life is going and how to get there.

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4. It has increased awareness and involvement. It has definitely increased personal responsibility and caring for others.

P. O. B. S.

1. Has given an overall program for all.

2. More control over the youth.

Recreation

1. Has brought staff and students closer to working out problems. Made people more aware.

2. Friendly attitude of staff, youth, and administration.

3. Inmates behavior problems (outbursts, AWOL's) have become less frequent.

Teachers

1. Makes people who would otherwise remain aloof get involved with students, i.e. makes them work a bit.

2. Finally a single and appropriate treatment mode. Makes for more consistent and effective treatment.

3. It has forced more interaction between staff and youth.

4. Youth are more responsible for their behavior.

In general, the comments appear to emphasize the following themes:

1. Advantages of an uniform treatment approach, more consistency, more accountability, better communication.

2. Changes in behavior of youth, more responsible behavior, less AWOL's, less aggressive behavior.

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3. Changes in staff behavior, change in roles, more responsibility and caring, more involvement, more modeling of appropriate behavior.

4. More interaction between youth, staff, and administration.

Positive Comments Specific to job

The staff were asked to list the positive impact of R. T. on their job:

Administration

1. I try to emphasize positive expectations and good communication skills in my job.

2. R. T. concepts are used on employees as well as students. It's nice to work in a place where there is a positive emphasis.

3. It has given me a specific tool for confronting irresponsible behavior and holding not only youth but also staff accountable for their actions.

Aftercare

1. It allows the aftercare worker to show the kids that being held accountable is a good thing.

2. It has given more concrete guidelines (goals/objectives) to the institution.

3. Students seem to be more aware that they can change behavior.

Cottage

1. Counselors are able to deal with more substantive issues. The residents are given the opportunity to better themselves. Both counselors and residents are directly involved in the rehabilitative process. Greater attention is placed on victimization.

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2. Gives myself a better insight in how to deal with some of the boys. A real set pattern to follow with specific cause/effect.

3. It is a tool.

4. Provides a good guideline to develop levels of expected behavior from students.

5. Provides a contextual framework for treatment from organization to direct service.

6. Something concrete to use as a framework.

Custodial/Maintenance

1. It has given me a better working relationship with the youth.

IUC

1. Step III has been very productive in that it gives the youth a chance.

2. Making a plan to do better

3. Fewer disciplinary problems

Night

1. Less discipline seems to be in order.

2. I find that students take a closer look at themselves when they behave negatively. The plans that are written make them analyze their situation.

3. By the application of responsibility for own actions and results - I have been able to have better control over the residents at night.

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P. O. B. S.

1. I find my job to be easier with less conflict between residents.

2. Better job actions by youth.

Spare

1. Personal and in teaching - with easier flow of dialogue - alleviates tension between staff and residents. They know what behavior is expected from them - positive thinking.

2. Being a spare it gives me confidence when I know that the basic rules are the same in all areas on the grounds.

3. It has given me an open avenue to work with understanding in a structured pattern and to instill my feelings within the students, for them.

Recreation

1. Staff are listening more to each other's ideas.

2. How to approach every situation.

3. Students seem to be more friendly.

4. In sports the idea while playing and not giving up helps on and off the field we hope.

5. Reality Therapy has created a more relaxed manner in which to relate to students.

Teachers

1. It encourages you to get involved.

2. It created school philosophy especially disciplinary procedures.

3. More students seem to be trying harder - they know that more staff are aware of what they are doing in school.

4. Made me look at student's behavior in a new light (non-punitive).

5. I have become more effective as a helper. I have a better feeling about the center as a whole.

6. Many useful tools in coping with and dealing with residents.

Overall there are several main themes that can be identified. These are:

1. Perception of role changes by staff.

2. Influence of Reality Therapy on attitudes toward job and residents.

3. Identification of specific aspects of Reality Therapy that have worked well for staff.

4. Perception of role and behavior changes of youth as a result of the use of Reality Therapy.

Negative Features

The staff were asked to list some of the negative features that Reality Therapy has had on the Maine Youth Center. Examples from each of the groups are listed and then overall themes are discuss.

Administration

1. Although reality therapy is reported to be fairly simple and easily applicable, it does require thoughtful application (and other knowledge of counseling is helpful). Careless or superficial use of reality therapy is unproductive.

2. Maine Youth Center is almost 100 percent reality therapy. There are some other philosophies that would be helpful to some students. Should we be limiting our treatment to just one.

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3. Not universally practiced by all staff.

Aftercare

1. Allows for little realistic evaluation of what life will be like when the kid leaves.

Cottage

1. Reality therapy postulates characteristics that do not pertain to many of the behavior patterns of the centers' residents. Consequently many important behaviors and influences are overlooked. Reality therapy often assumes that all individuals are alike and should, therefore, be treated the same.
2. Some don't try it.
3. Boys have trouble writing plans - a lot of time we as staff have to just about write it for them (can't read or write, etc.)
4. Too many people have too many different ideas of what Reality Therapy is and how it should be applied. There are too many interpretations of a system that only needs to be applied.
5. Most of my peers strongly disagree with Reality Therapy as well as myself.
6. Need more teeth.
7. The more sophisticated criminal tends to "play the game" rather than commit himself to change.
8. Doesn't go far enough. Can reinforce anti-social behavior. I hope it doesn't barricade staff individually and as a group for creative growth in the job.

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9. In ways it has been heralded as a panacea setting up some false expectations.

10. Did not like the way it was presented to staff at center. Seemed to start as program for the teachers who were going to use it but seemed to be shoved down the throats of cottage staff.

Custodial/Maintenance

1. It has hurt the strong discipline I have used before.

IUC

1. Not reaching youth with deep emotional problems.

2. Didn't help.

3. Youth argue more and refuse to go to isolation or writing plans.

4. Administration failure to rescind, update or supersede/ supplement existant rules/policies is creating confusion.

Night

1. A lot of students have learned to play the game.

P.O.B.S.

1. Not much time to employ Reality Therapy in working conditions.

Recreation

1. Inmates using the system for their own gains unrelated to any specific change in their value system.

2. Sometimes I forget the order of the steps.

3. The writing of plans are so easy for everyone they can just write anything and make people happy.

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Spare

1. Since I deal with 235 youth, unlike the staff in the cottages, I find it difficult to exercise any of the philosophies of Reality Therapy.
2. The ICP part of isolation is greatly misused by the staff.
3. Everyone and every cottage on grounds is entirely different regardless of the overall idea of Reality Therapy. Very inconsistent and discouraging.
4. Idea that a process is more important than the personnel.

Teachers

1. Reality therapy is a naive approach for this type of population. In encourages manipulative behavior, failure. It does not go far enough.
2. Has deflected some "commonsense" approaches to a more structured approach.
3. Too much squealing among students.
4. Some staff have not accepted the challenge to learn and grow.
5. Some staff seem unwilling to accept principles and rules.

There were several major themes identified. One of these was the resistence of staff to change, learning, growth. A second major theme was the lack of consistent consensus or agreement as to what Reality Therapy is and how it is to be used and interpreted. Some dimensions are misused. A third

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theme was that youth manipulate the system, play games and fail to make a real commitment to change. A fourth theme was practical problems related to time to work with the youth, the large numbers to be worked with. A fifth theme was the process of implementing and training. Some staff feel that the process became more important than the personnel and they were not involved in the decision making. The last theme was the inappropriateness of Reality Therapy as a framework for working with certain types of youth.

Specific Negative Factors

The group was asked to list any negative features they could identify specific to their job. The sample comments are presented by job classification and then the major themes are discussed.

Aftercare

1. Students do not seem to be given any information about release beyond 45 days - the length of absence with leave.

Cottage

1. There is a natural resistence on the part of many staff to perform their job according to the tenets of reality therapy. Many view the whole treatment module as a farce and are therefore ineffective in its implementation.

2. Boys still try to rely on excuses especially in this unit.

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3. The residents learn to play the game.

4. Release from ICU (lock up) is facilitated by the writing of a plan, usually a poor, shallow one - no real commitment needed.

5. Are we neglecting security, safety, house keeping, maintenance, correct ordering and basic rules? I think we are.

6. It is very difficult to get cottage staff to help students with their plans.

7. There is more paper work.

8. Tests - filling out answer sheets - too time consuming-takes away from students.

9. Many plans and comitments are broken so often that the residents become good at conning.

10. We can not give them real love.

11. When co-workers make up their own little rules, not consulting, lack of communication.

Custodial/Maintenance

1. It has hurt strong discipline.

IUC

1. Students do not follow through with their plans and sometimes return.

2. Seven different ways of handling Reality Therapy.

3. Students argue more and refuse to to go isolation or write plans.

Night

1. Most of the youth do not take the program seriously.

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Recreation

1. Hard to put students in isolation - unmeaningful in our job.
2. Isolation is impossible in my unit.
3. We have no place or the time for isolation or plan writing on the playing field or game situations.

Spare

1. Is being applied under controlled conditions - doesn't seem to follow through when release is obtained.
2. The steps of isolation should be used more uniformly in all units.
3. Being a spare it is almost futile to understand the program in each cottage.
4. Do not have sufficient time with each student to follow up successfully on their long term goals and the Reality Therapy program.
5. High expectations with little or no community follow up.

Teachers

1. At times used to justify allowing students to avoid responsiblities instead of dealing with them to ensure "success".
2. Time consuming group papers.
3. Misunderstandings over Reality Therapy has caused some arguments and dissention over responsiblities of staff and supervisors.

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There are a number of themes that can be identified. The first is the games residents play, conning, excusing their behavior. The second is lack of staff commitment, poor implementation and performance and lack of accountability. The third is misuse, different interpreations and confusion over Reality Therapy. The fourth are practical barriers on the job such as time, number of youth to be served. The fifth is follow-up or rather lack of follow-up of youth. The sixth is a lack of communication between staff and administration and staff and staff.

Unexpected Impact

The staff were asked to list the unexpected results of Reality Therapy on the Maine Youth Center. Sample comments are included for each group and then major themes are discussed.

Administration

1. The predictability of Reality Therapy may be used by some residents to their advantage, rather than to their growth.

Aftercare

1. Released much creative energy among staff.
2. I thought aftercare department would be given training sessions on follow-up in Reality Therapy.

Cottage

1. Needs more backing from the institution in general to force more cooperation from the student.
2. The meeting with Dr. Glasser. He gave no answers to questions put to him except "I don't know - I guess you'll

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have to use your own judgment. I was looking for ideas. I've been using my own judgment almost all my life and I resent spending all that money for him to tell me what I already know.

3. Even with a considerable amount of complaining most staff follow Reality Therapy guidelines.

4. Has shifted the emphasis-responsiblity from staff to youth. Youth now more likely to accept the fact that they are responsible for their actions and accept the consequences of them.

5. The correctional environment has improved as a direct result of Reality Therapy.

6. Work schedules, lectures, training - hard to make plans.

7. Question if program was started for publicity and extra funds for insitution.

8. It makes me angry sometimes.

9. More enthusiasm on the part of staff toward their work.

10. Reality Therapy is not a substitute for love and a progressive success orientated program.

11. It is used differently by some members of staff. Some staff do not use it at all. It is used in many diverse ways.

12. It has worked well on some youth I didn't think it would. It has not worked at all on other youth.

13. There seems to be a lot of indecision on how to apply Reality Therapy to students.

14. Reality Therapy doesn't work with such a limited amount of time with the youth.

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Recreation

1. Reality Therapy is moving to getting stronger and making more believers.
2. Kids seem to get along better.
3. Worked better than most people thought.
4. God to know students better.

Spare

1. The different approach that units have. Youth removed from their units.
2. The reaction of some staff when you have to remove students from certain units.
3. Reality Therapy is a good idea in general but too inconsistent to work because of the differences in each cottage. Makes it not worth the effort.
4. Surprised that many Maine Youth Center staff have not willingly accepted Reality Therapy philosophy and are practicing this grudgingly.
5. Chance for staff to get together often.
6. Common theme to discuss with staff, kids and parents.

Teachers

1. More communication with cottage staff.
2. There is some resistance to accept the Reality Therapy model by some staff. I am not sure of the reasons. I see blame aimed up and down by-line staff and supervisors. This may be growth pains.
3. I have organized my own thinking better since experiencing Reality Therapy training.

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There are a number of themes that can be identified. The first is that Reality Therapy is an effective tool and has made an impact on the center, the staff, the youth, the environment, etc. The second is that Reality Therapy is viewed as an ineffective and inappropriate treatment mode. The third is acceptance and utilization. The level of implementation and understanding as well as acceptance of Reality Therapy varies tremendously among the staff. The fourth is practical barriers to implementation. The fifth is improved communication among staff, administration and youth. The sixth is self-improvement.

SUMMARY AND CONCLUSIONS

1. The attitudes of the staff toward specific tenants of Reality Therapy has changed over time in such areas as the concept of failure, the concept of the nature of man, the causes of irresponsiblity, the interpersonal roles, etc.
2. Overall the staff feel that they have a good understanding of the principles of Reality Therapy.
3. Over time from a low 40 to a high 60 percent of the staff feel that the Maine Youth Center will be more effective as a result of Reality Therapy.
4. Over time from a low 40 to a high 70 percent of the staff felt that Reality Therapy has helped them to do their job better.
5. Most staff have attempted to utilize the principles of Reality Therapy in their work.
6. There is a decline in the utilization of Reality Therapy from the previous time period. There was an initial increase

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of utilization, followed by a plateau and now a decline.

7. The same pattern appears to be true for success. After the initial increase in success, there is now not as positive an evaluation of success.

8. Getting youth to plan to do better was the least successful practice.

9. Making friends with youth, being persistent, not accepting the excuses of the residents appear to be the principles with which staff have the most success.

10. Current aspects rated more successful were getting youth to be aware of rules and regulations, getting youth to be involved in the program and getting youth to follow through on assigned tasks. Those having least success were getting youth to develop a sense of self-fulfillment based upon a responsible, internalized value system and to get youth to look at their values, and to see cause and effect relationships.

11. There are differences among the different job classifications on how staff felt toward Reality Therapy. Plant Operation and Business Services personnel and the Night Staff felt more strongly than other groups that staff should maintain a position of superiority and aloofness with youth.

12. Teaching group and the Custodial/Maintenance group tended to disagree more that training in Reality Therapy had helped them do a better job than the other groups.

13. On the January 1982 assessment only 19 of the 133 staff completing the attitude scale checked that they disagree to the statement that the Maine Youth Center would be more effective

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as a result of Reality Therapy.

14. Overall the staff reported most frequently personal success in using the following four dimensions of Reality Therapy, making friends, not accepting excuses, and getting youth to accept responsibility for their behavior and getting youth to make a commitment for change.

15. Slightly over one half of the staff on the last assessment listed dimensions of Reality Therapy that had not worked well for them. Consistent with previous assessments, plan writing was the most frequently mentioned area. Others were getting youth to make a commitment and getting youth to look at their behavior and their values.

16. The principles of Reality Therapy are applied by the staff in other dimensions of their life other than in their work at Maine Youth Center. Reality Therapy was viewed as an effective tool with children and family and within the staff's own life. Reality Therapy was also used in other social contexts such as church, clubs, social organizations and with friends.

17. Reality Therapy is perceived to have a number of positive influences on the program at the Maine Youth Center in terms of an uniform treatment approach, more responsible behavior by youth, more commitment and involvement by staff and better communication and interaction between staff, youth, and administration.

18. Reality Therapy is perceived as having had a number of specific positive influences of the staff. It has caused role changes, more positive attitudes toward job and residents, effective techniques to be used and role and behavior changes of

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the youth serviced by each staff member.

19. It has had some negative impact also. Youth are seen as manipulating the system and playing games. There is viewed by many staff members a lack of consensus or agreement to how Reality Therapy should be used and interpreted. There was also a negative attitude toward Reality Therapy and a lack of acceptance of the principles. Reality Therapy was not viewed as an effective technique for working with some youth.

20. There were several unexpected impacts of Reality Therapy identified such as the degree of utilization and acceptance that it actually received, and the improved communications among groups at the center.

DISCUSSION

The Hawthorne effect probably was operating in the project. Some staff were enthusiastic about new procedures, the training, and achieved success in utilizing Reality Therapy. They have a hard time understanding why certain staff are resisters and do not try to join in and implement Reality Therapy.

In all training programs there seem to be at least four groups, the innovators, early adopters, later adopters and resisters. The early adoptors are anxious to try new theories and techniques and are usually independent thinkers and try to evaluate the project on their own. Early adopters want to get on the new approach because they see some success and they are cooperative and supportive of the administrative decisions. Later adopors are sometimes more reluctant followers but feel

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they might as well join the crowd but do not do it enthusiastically. Resisters are opposed altogether with the philosopy, practices or in general with the administration or management. They in part do not want to change what they are doing and especially if it were not their idea and they were not involved in the decision making.

The innovators have found some success and have found that the process does not work in all situations and are off exploring some new methodology. The early adoptors are beginning to question the degree of success they are having with the methods.

The reality of the situation also has an impact. The sheer numbers of youth with which to work and the limited amound of time available. There also has to be time squeezed in for training sessions, paper work, etc.

The staff also varies tremendously in personality style, educational level, age, values and philosophy. These factors complicate getting any uniform acceptance or agreement of practices. These factors also at times lead to perfunctory performance and going through the motions rather than enthusiastic endorsement.

Overall, these are some of the limitations that operate at the Maine Youth Center. Reality Therapy probably is accepted by about one half of the staff, utilized in part by a quarter of the staff and rejected completely by a quarter of the staff. Of those who reject Reality Therapy a number feel that it is a waste of time, not effective, implemented for the wrong motives and not related to the goals of the center. As the newness and

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novelty of the program wears off, the larger this group becomes. The staff needs to evaluate the goals previously set and determine the future goals for the center. Is Reality Therapy still an appropriate model for the center? Is it effective? What is working? What is not working?

Who is going to make the decisions about success of programs, future directions, treatment philosophies and practices, training? Staff want to feel a part of the decision making process. If Reality Therapy has worked, there should be an openness on the part of staff to be honest and to communicate what has worked and what has not worked and why.

RECOMMENDATIONS

1. Strategies need to be developed to include in the model continuous education of the professional staff. Inservice as well as other outside experiences ought to be encouraged and supported by the administration.
2. Renewal sessions should be held more frequently. There appears to be many inconsistencies in the use and interpreation of Reality Therapy by the staff.
3. Differences in interpretation and use of Reality Therapy among units needs to be studied and strategies developed to achieve consensus.
4. Training procedures need to be evaluated and probably modified for different groups and personality types.
5. The Myers-Briegs, might be a good instrument to help staff look at their work and personality style and how that relates

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to how they utilize and interpret Reality Therapy.

6. Age and educational level are also factors which need to be considered when identifying training procedures.

7. Problem areas such as plan writing should be a topic of an inservice session. The criticisms should be addressed. Effective strategies should be shared by those having success with the technique.

8. There is concern about the games residents play rather than actual change in values and commitment. The staff need to study Kohlberg's stages of moral development and Piaget's stages of intellectual development and consider whether the strategies used are really appropriate or understood by some of the youth. Certainly values are perceived differently and behavior is different by youth at the concrete operational stage than at the formal operational stage. The educational level, reading ability, intelligence of some students also presents a problem because they do not have the capacity to understand and to reason and possibly even write a plan. Youth with limited cognitive ability can not understand if/then relationships.

9. It should be noted that probably a certain proportion of staff have not reached the formal operations stage.

10. The cognitive style of the staff as well as youth differs. Some are field independent learners and like structure and set procedures. Some are field dependent learners and dislike structure and are more concerned about interpersonal aspects of the learning environment. The same treatment modality is not going to be effective for all situations. Can Reality Thrapy be modified to take into consideration the different cognitive styles of the staff as well as the residents?

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11. Values influence interests as well as motives of youth. Values relate to general sets of attitudes. More attention needs to be given to developing strategies to help residents understand and possibly reformulate values.

12. The Locus of Control for incarcerated youth may be completely different than for normal youth. More attention needs to be given to what might be some of the determinants of locus of control and counseling strategies that would help modify their locus of control so that they become more internally oriented and assume more responsibility for their behavior.

13. The staff need to become interpreters and translators of Reality Therapy in a residential correctional setting. They should consider writing out expanded theory and practices so that other centers might be able to adopt or adapt Reality Therapy more readily.

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TABLE 27

PARTICIPATED IN INSERVICE REALITY THERAPY TRAINING

	N	%
YES	108	78.3
NO	23	16.7
NO RESPONSE	7	5.0
TOTAL	138	

TABLE 28

CONTACT WITH YOUTH

	N	%
YES, FULL TIME	54	39.1
YES, PART TIME OR ON OCCASION	36	26.1
NO	36	26.1
MISSING	12	8.7
TOTAL	138	

TABLE 29

INVOLVEMENT IN CONTINUING PROFESSIONAL EDUCATION

	N	%
NO INVOLVEMENT	41	25.0
TAKING UNIVERSITY COURSES	11	6.7
ATTENDING SEMINARS	23	14.0
INSERVICE WORKSHOPS AT MYC	80	48.8
OTHER	9	5.5
TOTAL	164	

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APPENDIX A

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#19 What techniques, concepts of Reality Therapy have worked well for you?

Making friends

Friendly approach acting as if they were guests in your home
Patience in explaining rules of cottage

Making youth responsible for own actions

Being responsible for actions
establishing priorities
trying to do better

Make youth responsible for his own actions

structuring groups using chart - four basic needs

Plan writing
Not accepting excuses
Making friends

Plans
friendship

making friends

Never give up

Sit with a student and let him speak of his troubles and guide him to a good conclusion that will improve his behavior and way of thinking

generall approach of addressing behavior and task vs. dealing with irrelevant issues

getting youth involved and learning from mistakes

making students responsible for their own actions. Plans work as a discipline action or change of behavior

the reasonable approach / writing plans

getting involved
holding people accountable

isolation in the classroom - has a soothing effect on students who are uptight

making students aware of the consequences of their own actions
making them aware of negative results from megative behavior - good results from good behavior

getting youth to follow through on assigned tasks and obligations and by not accepting their excuses

getting students to accept responsibility for their behavior
getting students to see for themselves what they are doing wrong
students getting along better with peers

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#19

the imposition of natural consequences when the youth has slipped up
the technique of not allowing the youth to blame others

plan writing //
isolation
ICP
ICU

plan writing - making student realize that he has problems and that these problems are his - that he is at MYC for treatment not punishment and that this is a big opportunity to lead a more productive life
isolation step III

make plan to do better
not accept excuses

developing an understanding of never giving up
recognizing elements of failure/success identities

conveying the concept of expecting reasonable consequences for action

getting the boy to realize that he alone is responsible for his own actions and therefore must face the consequences alone - in light of this he alone is the only one who can make a plan to change and be successful - others can only guide him - he must take charge of his situation

All /

the plan process - simple, accurate, understandable
disciplinary steps - natural consequences - understanding cause and effect relationships
involvement with clients

involvement seems to be the key along with helping them look at their behavior and themselves

plan writing

getting to know client

making friends

using common sense

making friends, honesty, openness, consistence, choices allowed by student's themselves, reward types of punishment

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#19
Aftercare Workers
Not trained in R.T.
The most useful tool has been the imposition of natural consequences when the youth have slipped up. Also the technique of not allowing the youth to blame others.

ICU Staff
Plan writing
Isolation ICP ICU
Plan writing, making student realize that he has problems and that these problems are his; that he is at MYC for treatment, not punishment, and that this is a big opportunity to lead a more productive life. Isolation Step III
Make a plan to do better
Do not accept excuses

Security Treatment Unit
Developing and understanding of never giving up
Recognizing elements of failure/success identities

Cottage Staff #6
Plan writing
Isolation
ICP ICU

Cottage Staff #1
Conveying the concept of expecting reasonable consequences for action
Getting the boy to realize that he alone is responsible for his own actions and therefore must face the consequences alone. In the light of this he alone is the only one who can make a plan to change and be successful. Others can only guide him He must take charge of his situation.
All

Cottage Staff #8
Disciplinary steps
Plan writing - responsibility, accountability, follow-up
Build-up responsibility into cottage program
Getting youth to look at their behavior, evaluate their behavior, tell how they are going to change and give them a commitment that they can keep
The predetermined set of disciplinary steps
Plan writing
Using steps of isolation
Not accepting excuses

Cottage Staff #4
Involvment, friendship, acceptance
Holding kids responsible for their actions. Not excepting their excuses. Having them face reality whether they like it or not
Extending trust in some areas
8 steps, concept of responsibility, BCP
Making students responsible for their behavior

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#19
Admin. Chap., Psych., Staff Trainee
Become involved with other people
Never give up
Focus on behavior instead of feelings
self evaluations
Positive addictions
Involvement, never giving up
no excuses, trying to be friendly, don't give up

Plant operations and business services
none

Cottage Staff #3
All - specifically value judgemnt, involvement, need fulfillment
I have more or less developed my own technique some fall under RT some don't
Involvement

Becoming a friend rather than a turnkey
Getting involved and not accepting excuses
Disciplinary procedures
Non-involvement - value judgements
Rap sessions
Buddy systems
Dealing on one to one
the reality of freedom to prison
Involvement, encouraging students to participate and interact in small group "rap" sessions. Also the establishment of peer counseling and a "buddy" system have helped new students to feel accepted and important as individuals.
Involvement, need fulfillment and peer counseling
friendships, listening, observing, basic common sense works best

Secretarial staff
none

Staff:

Never box a resident or myself in a corner
putting responsibility on student
Not accepting excuses
Involvement, getting youth to evaluate their behavior getting them to look at the consequences of their behavior, getting them to find and develop a better way
No excuses, never give up
Being able to talk on a man to man basis
Being able to talk about their personal problems
The loss of points plus the writing of good commendations when deserved

Odds and Ends:

Knowing that each cottage is run on about same program. In this way it is a lot easier in handling any problems that arise

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#19

Spare Staff:

Working with and talking to kid that has problem
Making friends works very well but it requires a great deal of effort and continual involvement
It is important for youth to evaluate their value system and make changes with the aid of role modeling by staff, more mature perrs, etc.
Not accepting excuses, try to show student that values are important
The fact that they are responsible for their mistakes comes from within. Idea of responsibility has worked extremely well
More self worth
Judgement values - self and others
To become friendly and involve themselves with others - to be helpful
Isolation, Step #1
Goals, plan, no excuses

Control unit Staff:

Make friends
Do not accept excuses

Physical Education - Recreation Staff

Not accepting excuses /
Not giving up /
Making a plan
What are you doing commitments
Making friends /
Having residents look at what they are doing presently - facing reality. Gaining a commitment and not accepting excuses, but having the residents deal with the natural consequences
The residents are more aware of what they are doing, also the staff are more sure of the job

Night Staff:

By not accepting excuses a lot of wated arguing is eliminated. The student is more apt to see the honest reason for his/her behavior
Approach in friendly manner
Patience - try to explain rules in manner they can understand
Getting involved has worked extremely well for students

Female Unit Staff #2, #9:

Not accepting their excuses /
Setting goals
Accepting responsiblity for ones actions
Treatment approach
Never give up
Getting involved
Failure identity

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#19

#2, #9 Staff:

The 12 steps and the basic needs
Making friends /
What are you doing
No excuses
No punishment
Never give up

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#20 What techniques, concepts of reality therapy have not worked well for you or have caused you problems?

Treatment program - difficult to carry through on natural consequences

plan writing

talking back
making excuses

Not thinking before acting

excuses

educational level of students on the average very low
making them understand what a plan is, etc.
after they are here a while they give the answers and plans that will please and satisfy staff and many I think put their time in and out they go still motivated and thinking the same as when they came in

plans to do better seem to work by the time expended is excessive

steps of isolation - some confusion and inconsistencies in implementation

having students write a plan - they know what you are looking for - it is a game with them

the group papers and plans that students write

making plans over minor infractions

helping students writing meaningful plans and finding the time and energy to follow up

with certain hardened individuals the steps of RT have become merely a way of manipulating - some youngsters have become better at it

in steps sometimes if you're at step 2 you can't remove the student because of time or no one is available
sometimes students write what you want to hear on plans and don't think about behavior

making a plan and following it

writing a plan never worked

plan writing

realize that he might be much happier leading a more positive life without delinquent actions

getting a commitment

superficial plans to do better
lack of seriousness by student toward commitments/change

make a plan to do better repeatedly - kid has to want to do better or the plan is just a waste of time and paper

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the plan seems to be the big one - too many outs for them not to take responsibility for making the plan - R.T. does not seem to go far enough in dealing with this type of client

getting students to look and evaluate the behavior and change

approaching it didactically

making plans

steps to isolation

plan writing and commitments

Aftercare Workers: no comments

ICU Staff:

Trying to make student realize that he might be much happier leading a more positive life without delinquent actions

Getting a commitment

Security Treatment Unit:

Superficial plans to do better

Lack of seriousness by student toward commitments to change

Make a plan to do better again and again and again. The kid has to want to do better or the plan is just a waste of paper.

Cottage Staff #6:

The whole concept (no training)

Cottage Staff #1:

None

Cottage Staff #8:

Have kids own long term goals in limited time period
Behavioral objectives are rather general assignments, vague due to not clearly understanding components of goal, ex. stealing

the students sincerity in attitude toward change

the writing of plans - students don't seem to take them seriously

Follow up of plans. The number of plans is sometimes too great to deal with effectively

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#20

Cottage Staff #4:

Realistic follow through of plans
Alternatives to utilize so as to insure appropriate plans

Getting kids to change. Although they know or accept the fact they do have to make changes, they are sometimes unwilling to do so.

Write plans! Very seldom have seen plan followed, constantly making plans without follow up.

Success pathways
Basic needs as rationalization for behaviors

Separating negative students from positive students

Admin. Chap., Psych. Staff Trainer:

Plan - trying to get clients to make and keep committments

P. O. & Bus. Services:

For the kids to have to set goals, seems to be hard for them to work with

Cottage Staff #3:

Follow through on plans

The don't give up approach. I am only human and can only be hit so many times before it hurts.

Frustration of not giving up

Plans - it is hard to train each student in an acceptable plan, how it can be achieved, something to do, not to do. Most of them come out with recordings of what happened.

Writing plans and follow ups. Sending boys to ICP or ICU after an unpleasant situation. The playing of mother and father bit. Using one person against the other. To have one's own way.

Plans and commitments are frequently equated by students with excuses, ie. an easy way out of an unpleasant situation (isolation, ICP, ICU) It is very time consuming to convey the rational of these concepts and often students either reject them or "play the game" for personal unproductive gain.

Plan writing thc the mechanics of RT

Secretarial Staff:

None

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#20

Female Unit Staff #2, #9

Not allowing students to blame his actions on the past. It takes more time to counsel with them
Making friends
Plan writing /
No excuses
Getting a commitment

Night staff:

They all work well
The unwillingness of some students not wanting to know or understand the rules & regulations of the center
When I don't allow a student to blame his behavior on the past (parents, neighborhood, friends) it takes a much longer period of counseling to get to the root of the problem

Physical Education & Recreation Staff:

Isolation

Control Unit Staff:

Never give up

Spare Staff:

If you work the concepts of RT correctly you should not have any problems - in my opinion the ICP concept is the area that needs more attention
Getting commitments from students is extremely difficult. If they make a commitment, it's usually to get out of isolation and they very rarely follow up on it
In following through with their commitments
To get the student to keep the commitment after he has made his plan
Getting commitment
Every aspect of implementing RT is difficult because of the numbers we have to work with and clientele that are resistent to change. It is an awesome and nearly impossible to fulfill

Odds and Ends:

At time when there is a real problem it is hard for the students to control themselves in a way that the situation can be handled

Late Staff:

I think they use the whole thing as a big game
Plans, plans, plans!
Making plans - encourage failure most of the time
Making friends - encourages manipulation techniques. Friendship only comes after respect has been established
In the area of value judgments, our clients have a very different lifestyle. I have trouble getting them to accept that growth is the best way to go.
They often resent "change" as disloyal of "lifestyle"

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#21 Have you made use of RT in areas other than working with youth? Please give ex. and your evaluation of success in using RT

in my own home with my own family and extended family - very helpful and gives a calm and logical approach to problems

tried to incorporate it into own thinking about own life

accepting more responsibility for my own actions
better awareness of my students problems -they think they are putting something over on us

moderate success - discipline problems encounted are not very serious, so large-scale RT is rarly implmented

in supervising staff - nominal success

I use RT with my own family and in outside relationships - not accepting excuses and allowing my children to accept natural consequences has worked well in increasing their degree of responsiblity and dependibility

general life and social situations - proven to be common sense and realistic

the practical aspects of RT and its emphsis on good communication skills can be used anywhere

with my own youngsters when they are doing something that I feel they shouldn't be doing instead of hollering and telling them to stop I ask them what are you doing and should you be doing that

with relationships with other people

I created a psychological approach to understanding behavior by combining Maslow's hierarchy of needs with elements of R.T. and use it during teaching assignments at the criminal justice academy

probably on myself - I find myself blaming myself instead of others for situations I alone have gotten into - also in talking to friends I find myself relating this to myself while listening to them - I also find myself telling myself and others not to give up at something and walk away from it like I may have in the past

on friends - they were not aware of RT and it did help with success

with my own family - involvement - better organized and follow through with plans - highly successful

RT is not something you use - it is a way of thinking, a process - it happens in everyday living

training my dogs

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#21

Cottage Staff #8:

Every three months benefit from a review. As time passes concepts become more internalized. Generally ,more optomistic and patient. Cottage #8 embodies quite well RT concepts.

I find myself frequently not accepting excuses or making excuses for my behavior or someone elses.

Conflicts with spouse

Cottage Staff #4:

Interpersonal relationships, promotes tolerance

Given material in dealing with peers, some forms of success, others gray

I've tried it in dealing with my own emotions and find it shallow

Admin. Chap, Psych., Staff Trainer:

Have utilized RT in dealing with family and friends. The basic steps of Rt, I have found do not illicit negative or defensive comments or attitudes from people but create a healthy positive atmosphere for productive discussions.

In my professional work with churches, pastoral counseling. As to success I'd give it a 2

In family life, focusing on current problems in rational as opposed to emotional ways

Remembering "who has the problem" is helpful in controlling own emotions. Attempt to use steps in responding to someone (adult) who is complaining, upset or unhappy (though am not too successful in applying them to myself)

Employee relations
Public education
Consulting services
Private life

i.e. spouse tends to become argumentative when confronted with paradox statement. The best approach is to walk away laughing rather than argue back. This gives the other party time to think about situation.

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#21
Plant Operations & Bus. Services:

In everyday occurances RT can be used with people

In taking courses at the university and my own personal life

Dealing with my own kids and people in general

Cottage Staff #3:

Personal life, family, child rearing and all successful

I think RT is a common sense approach to a great many things. I also believe that RT provides the vehicle for a manipulator to manipulate his or her way right out of here. For me personlly I can see where it affects my life in any tangent.

It affects my personal life with family all to the good. It affects every day interaction with my partner and other staff I deal with

RT has helped me to assume a more positive self image, has been a motivating factor in establishing my goal to complete graduate education and has been very instrumental in my every day interaction with co-workers, friends and relatives

Secretarial Staff:

The RT philosophy of dealing with people through a caring attitude is a practical approach that can be utilized in most any situation involving human relations. I find this practice can be used effectively in relationships at any level on a daily basis.

I do not try to consciously use RT. The only thing is I, already, try to be honest, straight forward, upfront, cooperative, offer suggestions/constructive criticism (and take it too) without any training in RT.

Female Unit Staff #2, #9:

Try to work with them and show them that there is more to life than what got them to MYC
I have used the concepts of RT with my own family and friends and also in my church work
At home and with other people. I have found it very helpful also with myself as RT is using common sense
Dealing with otner staff, peers, and others much better than with MYC residents
Family problems and stress management both successfully

Night Staff:

I use RT all the time
I don't allow my son to use excuses or put the blame on someone else for his behavior. When he ran in an icy parking lot and fell and hurt his knee I pointed out that it was his fault for running and not mine for allowing him to do so. He saw the light.

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#21

Physical Education and Recreation Staff

I think more often of never giving up - finish all projects to best of my ability

Control Unit Staff:

In my own family setting I look over the problems of home life in a different light than before RT

Spare Staff:

At home within my own family, with my children. What are you doing? Is it doing you any good?
Utilizing the concept of common sense and responsiblity are the two most important factors of RT. They seem to work the best
I have used RT long before its origin as it is now by using common sense and honest interest. I use RT in my home and in my involvement in my social activities besides I use it in marriage encounter
Parents - helped parents to better deal with kids and to find peace of mind
I have used some aspects of RT in my own life. I have a tendency to become pessimistic, unconfident, and frustrated from everyday problems that do occur. Not that I sit down and write a plan, but I do not allow myself to fall back on excuses for my own irresponsible actions. When I do run into a problem that does set my daily functions back I sit back and make alternative plans for myself. For my own life I have utilized two aspects of RT, accepting no excuses from myself and seeking alternative means of handling problems.

Late staff sheets:

Somewhat at home with my own children even though they are relatively young
RT and BCP have helped me with all people and myself. I have followed the guidelines of RT with my own family and friends. RT as a model raised many questions, BCP answered most
For the most part. I look on the other side of the fence rather than react to a situation. It didn't start with RT

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#76 What impact has RT had on the MVC?

1. PG - has cut down on the number of AWOLs - boys seem more relaxed not so tense overall - of course there are always exceptions
   PS - much less dictitorial attitude on part of staff - relaxing of discipline is noticeable

2. PG - has been incorporated in every day affairs
   PS - works in some cases
   NG - some don't try it

3. PG - Gives a boy a direction to follow while here - treatment program to follow through
   PS - Gives myself a better insight on how to deal with some of the boys - a real set pattern to follow with specific cause/effect
   NG - Boys have trouble writing plans - a lot of the time we as staff have to just about write it for him (can't read and write, etc.)
   NS - Boys still try to rely on excuses especially in this unit C-7 HFC boys difficult to deal with on this concept. Makes it difficult for staff

4. PG - It has given a clear common treatment basis and goal
   PS - many useful tools in coping and dealing with residents
   NG - some staff seem unwilling to accept principles and rules

5. PG - it has helped some of the residents become more aware of themselves and accept responsibility for their actions
   PS - it has given me a better working relationship with my students (some)
   NG - It has taught some students to "play a game" - they know how to write a plan because they know what is accepted - it is a joke to them
   NS - it has hurt the strong discipline in my classroom
   UG - it is used differently by some members of staff - some staff do not use it at all - it is used in many diverse ways
   US - it has worked well on some students - I didn't think it would - it has not worked at all on other students

6. PG - students are more responsible for their actions
   NG - too much squealing among students
   NS - time consuming group papers
   US - more communication with cottage staff

7. PG - made students and staff more aware of their behavior
   PS - made me look at student's behavior in a new light (non-punitive)
   NG - has deflected some "common sense" approaches to a more "structured" approach

8. PG - it has forced more interaction between staff and youth
   PS - more students seem to be trying harder - they know that more staff are aware of what they are doing in school

9. PG - it has supplied all staff with a common approach to dealing with the students which in turn allows them to know what to expect
   PS - it has given me specific tools for confronting irresponsible behavior and holding not only students but also staff accountable for their actions
   NG - not universally practiced by all staff

10. PG - Finally a single & appropriate treatment mode - makes for more consistent & effective treatment
    PS - created school philosophy regarding disciplinary procedures
    NS - used to avoid responsibility rather than ensure "success"

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#76

11. PG - in general it has provided a common basis for all staff to work from
PS - I try to emphasize psoitive expectations and good communication skills in my job
NG - although reality therapy is reported to be fairly simple and easily applicable, it does require thoughtful application (and other knowledge of counseling is helpful) - careless or superficial use of RT is unproductive
UG - the predictability of RT may be used by some residents to their advantage rather than to their growth

12. PG - I believe it has improved the behavior - the students realize more that they are responsible for their acts - something some have never done

13. PG - a closer better coordinated idea of what is generally expected of staff through the center (general programming)
PS - the idea of step's choice
NG - plan writing commitments
NS - "

14. PG - the use of the steps of discipline have given students a chance to make a choice and make some decisions
NG - did not like the way it was presented to staff at center - seemed to start as program the teachers were going to use but seemed to be shoved down the throats of cottage life personnel - teachers and others rarely if every use - their isolation is to return student to cottage - in general I never if rarely use RT -
UG - question if program was started for publicity and extra funds for institution
US - it makes me angry sometimes

15. PG - started most staff working the same way
PS - something concrete to use as a guideline
NG - some people don't like changes - reality therapy is just common sense
NS - some steps to isolation have to be jumped over at times
UG - tests - filling out answer sheets - too time consuming - takes away from students
US - work schedules - lectures - training - hard to make plans

16. PG - it has helped people focus on one approach
NG - in ways it has been heralded as a panacea, setting up some false expectations
NS - there is some more paper work

17. PG - students seem to have a more positive attitude
PS - we spend a great deal of time plan writing
NG - it seems that we still have about the same number of students coming into the unit (ICU)
NS - it is very difficult to get cottage staff to help students with their plans

18. PG - involvement - organized therapeutic approach and technique for cottage staff
NG - sometimes doesn't go far enough - can reinforce antisocial behavior - hope it doesn't barricade staff individually and as a group from creative growth on the job
NS - sometimes feel hemmed in by it

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19. PG - greater cooperation in treatment issue - people are more open and trusting
PS - provided a constant framework for treatment from organization to direct service
UG - the correctional environment has improved as a direct result of RT participation

Aftercare Workers

20. Students are more aware of "how to get out" by having good behavior and how behavior controls their status.
PS - students seem to be more aware that they can change behavior
NS - students do not seem to be given any information about release beyond 45 days- the length of AWOL
US - I thought the aftercare department would be given training sessions on follow up in RT

21. PG - has focused attention on behavior change
PS - it has given more concrete guidelines (goals and objectives) to the institution
UG -

22. PG - everyone's doing approximately same thing

23. PG - the purpose of center seems more goal oriented and there is a feeling of caring and concern
PS - it allows the aftercare worker to show the kids that being held accountable is a good thing
NG - allows for little realistic evaluation of what life will be like when the kid leaves

ICU STAFF

24. PG - I feel that with RT staff and students have a sense of direction. When a student enters MYC he is treated by caring staff. No longer can a youth come here and "do time". His problems are confronted.
PS - Step II (ICP) has been very productive, in that it gives the youth a chance to be isolated, and to focus on behavior. R.T. has really improved the situation in this unit.

25. PG - I have seen good rate of success overall at MYC
PS - Make a plan to do better
NG - not reaching student's with deep emotional problems
NS - students do not follow thru with their plan and sometimes return

SECURITY TREATMENT UNIT

26. PG - It raised the possibility of the return to "common sense" and practicality of treatment as well as a promise of consistancy in cottage programs
PS - I view this as an observer due to limited contact with our residents. The STU staff apply more RT in an involved program than I have seen elsewhere and they appear to be quite successful.
NG - Too many people have too many different ideas of what reality therapy is and how it should be applied. There are too many interpretations of a system that only needs to be applied.
NS - The limited contact I have with our residents does not afford me the opportunity to get beyond the first or second step of RT

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#76 STU

27. PG - provides a guideline for a relatively uniform approach to developing programs and treatment goals
PS - provides a good guideline to develop levels of expected behavior from students
NG - the more sophistocated criminal tends to "play the game" rather than commit himself to change
NS - Release from ICU (loc-up) is facilitated by the writing of a plan, usually a poor, shallow one - no real commitment needed
UG - Even with a considerable amount of complaining, most staff follow R.T. guidelines
US - has shifted the emphsis of responsibility from staff to students. Students are now more likely to accept the fact that they are responsible for their actions and accept the consequences of them

28. PG - in most cases it gets them thinking
PS - its a tool
NG - need more teeth
NS - same
UG - needs more backing from the institution in general to force more cooperation from the student
US - the meeting with Dr. Glasser - he gave no answers to questions put to him except I don't know - I guess you'd have to use your own judgement. I was looking for ideas. I've been using my own judgement most all my live. I resent spending all that money for him to tell me what I already know.

COTTAGE STAFF #6

29. NG - most of my peers strongly disagree with RT as well as myself
NS - the residents learn how to play the game

COTTAGE STAFF #1

30. PG - created a more cohesive staff approach to working with juveniles and their problems

31. PG - RT has provided the center with a definite point of departure in dealing with troubled adolescents. Counselors replace the old "custodial" staff and the center itself incorporates a greater degree of professionalism. The institution does more than merely incrcerate it provides a tailored treatment program for all its residents.
PS - Counselors are able to deal with more substantive issues. The residents are given the opportunity to better themselves. Both counselors and residents are directly involved in the rehabilitative process. Greater attention is placed on victimization
NG - RT postulates characteristics that do not pertain to many of the behavior patterns of the centers resdients. Consequently many important behaviors and influences are overlooked. RT often assumes that all individuals are alike and should therefore be treated the same.
NS - There is a natural resistence on the part of may staff to perform their job according to the tenets of reality therapy. Many view the whole treatment module as a farce and are therefore ineffective in its implementation.
UG - I don't know how the centers rehabilitation policy was originally designed, what the expected consequences were to be on how it was to be implemented.

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#76

32. PG - a very good impact. I remember just being a babysitter for so many years, now I feel I'm doing something constructive for the residents

33. PG - it has had great impact on the students in all units
PS - I find it very positive with BCP
Secretarial:

34. PG - I'm not directly involved with the RT treatment process and therefore am not sure as to what impact it has made here; however, I do feel that it has made a positive change in the behavior of residents.

Cottage Staff #8:

35. PG - increased morale motivation, communication, creativity among staff. Realistic approach diffusing angry atmosphere, punishment orientation
Created a learning environment. Individualized treatment program now available.
PS - Management of personnel (cottage) has become more effective. Minimal evasion of responsibility of responsibility by supervised staff.
UG - Increased _____, aloof, tyrranical, biased governing by administrators.

36. PG - Forced staff to learn something new and try something different. I feel that most of the students feel that it is foolish and they just go through the motions.
PS - It forces a student to sit down and accurately analyse their negative behavior.
NG - A lot of extra paperwork
NS - A lot of empty promises made by students
UG - Nothing
US - Misinterpretation of rules between staff

37. PG - Offers a form of structure

38. PG - Staff seem to focus more on behavior than personality in dealing with residents
NG - It seems to me that much time and money has been used to promote R.T. I feel it could have been better spent
NS - Residents spend a great deal of time working around R.T. and taking advantage of the loophiles.
UG - R.T. forces some staff to be more accountable for their actions and residents

Cottage Staff #4:

39. PG - Residents seem much more aware of what they have to do in order to be successful in life. Has made MYC a better place
NS - Too many kids just don't care.

40. PG - Everyone has had instruction in this format for 2 years. Some apply it in various forms, others choose not to. No solid mandate to use in its concept.
PS - Most common use is isolation steps 1 & 2 some plans, but little follow up.
NG - As pointed out in initial question, its a matter of choice and at the discretion of individual staff as to how much effort will be expended.
NS - Have seen several so called big changes in program formats in the years I have been here and every time after the fire cools down, we return to the old ways.
UG - The individual daily books carried by the students lasted about 1 month and everyone just stopped using them. (Nothing happened)
US - I feel if every person involved themselves in R.T. it would work, but it broke down up above. Therefore we will never know how effective R.T. really is.

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41. PG - Has made students become more responsible towards negative behavior
PS - Students seem to be getting along much better
NG - Students think they can perform in a negative manner without amy consequences

ADMINISTRATIVE, CHAPLAIN, PSYCHOLOGIST, STAFF TRAINEE:

42. PG - Created a unified and organized treatment approach
PS - Allowed me to more easily see "where" people (residents & staff) are "operating" from and what my responses should be in order to create open, productive discussions
UG - the immediate level of high moral which has been created among the majority of employees

42. PG - A more unified approach, or focus, based on past experience and present rational understanding with a large investment in the value of the student as a person capable of responsibility and change
PS - An effective medium for the N.T.'s good news, i.e. that each person has an intrinsic value and is capable of change towards love and responsibility
NG - It's simplicity can seduce one into believing "I understand"
NS - To concentrate only on the behavioral aspect of the student and neglecting how he "sees" reality, listening to "his story" and helping nurture such faith as is in the student's world
UG - The "wholistic" aspect of R.T.
US - How much it lends itself to being a useful tool for the interpretation of Jesus' "Kingdom of God" (i.e. how your world grows larger, takes in more and more of all manner of persons)

43. PG - consistent approach for majority of staff
PS - Less paperwork, less use of confusing psychiatric jargon
NG - Resistance from minority of staff
NS - none
UG - Positive response from clients
US - More time to focus on clients and their families

44. PG - It has provided a focal-point (unity) in treatment by staff who believe "change" may be possible and want to be involved in the process
PS - R.T. training has helped me become more aware of the needs of others - and hopefully better able to give assistance toward meeting them
NG - The non-application of R.T. principles by administrators, supervisors and, the continued resistance of some to a treatment philosophy that allows the students to have in-put
NS - Frustration in the knowledge that R.T. training has not been successful (in a genuine sense) whereby staff apply the principles when relating to each other
UG - Individual unit adaptation of R.T. to a variety of other treatment (corrective) concepts with minimal restrictions by administration

45. PG - Ifeel the R.T. philosophy does and will continue to impact the center. The extent of the impact depends on staff enthusiasm
PS - It helps me deal with staff more positively and better controlled

46. PG - Residents have a better understanding of how to make more responsible deciscions. The atmosphere is more open and people are more involved and creative and willing to try fresh approaches
PS - Organizationally staff have assumed more responsiblity. They are eager to learn more and to be more helpful to other staff and residents
NG - A small percentage of staff try to undermine the program because of their fear of change

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#76

47. PG - A resident is forced to see himself as he really is. Only then, can resident effect a change in behavior

PLANT OPERATIONS AND BUSINESS SERVICES

48. PG - Has the kids open up more
PS - Set more goals which help with their work

49. PG - I have shown residents that they are responsible for their actions
PS - It allowed me to have a more positive attitude toward my work
NG - Reality Therapy cannot be used with HARD CORE delinquents

COTTAGE STAFF #3

50. PG - more open involvement between staff - student/student-student - staff/staff
PS - Able to relay more and not burden myself with student problems allowing them the responsiblity
UG - more, ope and communication, institutionai seeting in general

51. PG - I really don't have any idea. I do R.T. as second nature
NG - plan writing is a complete wsste of time unless 100 more counselor's are hired to inspect and follow the plan

52. PG - Has helped possibly bring all MYC staff ground wide consistently together for a short time
PS - Isolation steps w/o plan writing
NG - Poor training and follow up
NS - Plan writing waste of time, paper-students usually write whatever incident occurred over and over

53. PG - more staff and student awareness

54. PG - It has set a pattern for treatment instead of just a hard holding camp
PS - I feel a lot less threatened by becoming involved. I feel better treating instread of yelling
NG - I do not feel it was well trained or the follow through has not been going on
NS - Most staff members in general picked out specific parts of R.T. they liked so in application we have a mixed variety
UG - Most staff are staying here, the burnout rate has decreased
US - Raises my personal being as being more educated, intelligent in my jou

55. PG - More honest, open involvement between staff/staff, boys/boys
PS - Relax more, able to not punish for first mistake of rules, but reinforce some alternative positive behavior
UG - More open communications with staff/staff
NG - Insufficient time to fully educate students due to over crowding in cottage
NS - Insufficient time to devote my time to students

56. PG - There appears to be a greater sense of continuity and involvement, as well as a more unified overall awareness of positive purpose
PS - It provides a good structural framework for performing my job more effectively
NG - Not enough sufficient time to fully educate students in the concepts of R.T. Little follow up or success rate of long term goals set by students
NS - Insufficient time to devote necessary aid to students who require special attention and help to successfully complete goals and commitments
UG - The universal acceptance of the R.T. philosophy by staff of MYC

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56. US - to see an end result that occasionally proves that R.T. can work!!

57. PG - R.T. is not practiced by half of the staff in the MVC. You can't have a positive or negative impact if you don't practice

58. NG - has made more confusion

ODDS & ENDS

59. PG - A more humanistic approach dealing with delinquents seems to be present. Although of late will over crowding the warehouse effect seems to be returning
PS - Different alternative to getting commitments for kids, a fresh supply of ideas
NG - Too many different interpretations of what RT is, even a direct talk with Dr. Glasser indicates he even doesn't have a firm interpretation of what it is
NS - Many plans and commitments are broken so often that the residents become good at conning

60. PG - I feel that RT has made a great improvement on the Center. It has given the students a positive attitude in life

LATE STAFF SHEETS

61. PG - It could benefit less experienced staff. By that I mean, they wouldn't have to go through as much trial and error
PS - If the residents understand and accept RT, then my job should be easier
NG - In the beginning, there appeared to be cooperation between units. It is not true now. Why?
NS - Are we neglecting security, safety, house keeping, maintenance, correct ordering and basic rules? I think we are

62. PG - In the little time I have been here - unqualified

63. PG - A common model has caused more uniform, predictable treatment. There are many more things to learn about helping people
PS - I have become more effective as a helper. I have a better feeling about the Center as a whole
NG - Some staff have not accepted the challenge to learn and grow
NS - Misunderstanding over RT has caused some arguments and dissention over responsibilities of staff and supervisors
UG - There is some resistance to accepting the RT model, by some staff. I am not sure of the reasons. I see blame aimed up and down by line staff and supervisors. This may be growth pains
US - I have organized my own thinking better since experiencing RT training

64. PG - Has given it an overall program for all residents
PS - I find my job to be easier with less conflict between residents

65. PG - It has its good points and also its bad.

66. PG - makes people who would otherwise remain aloof get involved with students
PS - It encourages me to get involved
NG - RT is a naive approach for that type of population. It encourages manipulation behavior/failure. It does not go far enough

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SPARE STAFF

67. PG - It has given a basic, fundamental program for the treatment of the juvenile offender. It has developed a highly structured and responsible environment for the residents
PS - Not working directly with the residents. It is extremely difficult to mention any specific incidents
NG - I find that there is a high level of consistency in implementing reality therapy throughout the grounds by staff and unit directors
NS - Not working directly with the residents it is extremely difficul* to mention any specific indicidents

68. PG - Better morale
PS - Core program for students, staff and home
NG - Idea that a process is more important than the personnel
NS - High expectations with little or no community follow up
UG - Chance for staff to get together often
US - Common theme to discuss with staff, kids, parents

69. PG - It has increased awareness (general) and involvement. It has definitely increased personal responsibility and caring for others
PS - It has given me an open avenue to work with understanding in a structural pattern and to instill my feelings within the students for them
NG - It has illuminated direct discipline proceedures and has given the resident too much freedom!!! It does not provide enough time to fully educate a student in the concept of RT
NS - Do not sufficient time with each student to follow up successfully on their long term goals and the RT program
UG - Surprised that many MYC staff have not willingly accepted the RT philosophy and are practicing this grudgingly
US - I would sincerely like to see the RT program work completely and successfully

70. PG - Makes a student take a closer look at himself. Has to have an idea of where his life is going and how to get there
PS - Allows a student to have consistency in the program. Has a concrete idea about why he's here and how to get out
NG - Everyone and every cottage on grounds is entirely different regardless of the overall idea of R.T. Very inconsistent & discouraging
UG - RT is a good idea in general but too inconsistent to work with because of the difference in each cottage. Makes it not worth the effort

71. PG - In my opinion it gives the MYC on program to work with with minor changes in some units and thus staff and students know what is expected of them
PS - Being a spare it gives me confidence when I know that the basic rules are the same in all areas on ground
NG - The ICP part of isolation is greatly misused by staff
NS - The steps of isolation should be used more uniformly in all units
UG - The different approach that units have student removed from their units
US - The reaction of some staff when you have to remove student from certain units

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72. PG - Peer structure is better understood thru example. Reward & punishment for ones actions is a positive tool for rehabilitation
PS - Personal one on one teaching with easier flow of dialogue alleviates tension between staff and residents. They know what behavior is expected from them
NS - Is being applied under controlled conditions - doesn't seem to follow thru when release is attained

73. NS - I do not deal with a group of 25 or 30 youths, I deal with 235 youths, unlike the staff in the cottages. Therefore, I find it difficult to exercise any of the philosophies of RT

PHYSICAL EDUCATION & RECREATION STAFF

74. PG - Friendly attitude towards staff, youth & administration
PS - Staff are listening more to each others ideas
NG - I don't work ...
UG - RT is moving is getting stronger making more believers
US - Kids seem to get along better

75. PG - Staff work better together and with the students
PS - Able to deal with the residents problems in a relaxed manner. Know my job better than ever

76. Enabled all units to have a uniform program in which to deal with residents
PS - RT has created a more relaxed manner in which to relate to the residents
NG - I have only been working at the 6 months - no negative ideas

77. PG - Inmates behavior problems (outbursts, AWOLs, etc. have become less frequent
NG - Inmates using the system for their own gains unrelated to any specific change in their value systems

78. PG - Has brought staff and students closer to working out problems. Made people more aware
PS - How to approach almost every situation

NIGHT STAFF

79. PG - It proves that MYC is not unbendable and that we are willing to make changes in order for our students to benefit
PS - I find that students take a closer look at themselves when they behave negatively. The plans that are written make them analyze their situation
NG - A lot of students have learned to "play the game"
NS - Most of the students don't take the program seriously
UG - There seems to be a lot of indecision on how to apply RT to students
US - RT doesn't work with such a limited amount of time with the students

80. PG - The ratio of AWOLs appears to have decreased
PS - Less discipline seems to be in order

81. PG - It gives the student a better look at himself/herself - less returnees

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82. PG - I feel that RT has given the residents a new vantage point on themselves and their responsibilty to themselves and others
PS - By the application of responsibility for own actions and results - I have been able to have better control over residents at night
NG - I have not worked days

83. PG - I believe that since the RT program has been introduced to MVC the overall policies have been improved

FEMALE UNIT STAFF #2, #9

84. PG - A good impact in that it defines our basic needs and educates the students in positive ways of life, ways that they have never known before
PS - RT concepts are used on employees as well as students. It's nice to work in a place where there is a positive emphsis
NG - MVC is almost 100% RT. There are some other philosophies that would be helpful to some students Should we be limiting our treatment to just one?

85. PG - There seems to be more of a togetherness among co-workers
PS - The rules in the cottages are run more or less the same
NS - when co-workers make up their own little rules. Lack of communication

86. PG - less violence
PS - structure for consistency
NG - no provision for most important need - love

87. PG - There has been an overall improvement in the level of responsibility demonstrated by the students. Also, staff have taken a more active interest in their work
PS - RT offers me a concrete guideline in dealing with the resident's individual problems
NG - More enthusiasm on the part of staff toward their work

88. PG - It has a positive influence
PS - Students behave in a more positive manner
NG - They learn how to play the game

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